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RARY



ANNUAL REPORT

on the

PUBLIC HEALTH

of

WORCESTERSHIRE

1947

by

WYNDHAM PARKER, C.B.E., M.C.,

M.B., Ch.B. (Edin.), D.P.H. (Lond.)

County Medical Officer.



WORCESTERSHIRE COUNTY COUNCIL

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1947

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present the Annual Report dealing with the health of the County for 1947.

The year 1947 was one of preparation for the alterations proposed (and now operative) under the National Health Service Act. The Council will, I know, share the gratitude I feel to the medical, nursing and other staffs of Hospitals, Maternity Homes, Institutions and Clinics, which are now working under the direction of the Regional Hospital Board; the period of the war and the years immediately following have been difficult and the way in which the problems that have been met have been overcome are a testimony to the loyal and efficient manner in which these officers have served the Authority in their various capacities. In expressing my indebtedness to one and all I can only hope that the happy relationships which have been my invariable experience in the past, will continue under the new administrative and executive set-up.

The health record, based on vital statistics for the County, remains satisfactory when compared with comparable figures for the county in past years or the country as a whole.

The birth rate is 19.7 births per 1,000 of the estimated population, which is slightly above the rate for 1946; there is fortunately a further drop in the incidence of illegitimate births. The percentage of illegitimate births prior to the war varied from 3 to 3.5 per cent. of the total births. The percentage rates for the last six years are of interest

1942	..	..	..	4.3
1943	..	..	..	5.2
1944	..	..	..	5.7
1945	..	..	..	8.7
1946	..	..	..	6.6
1947	..	..	..	4.8

The maternal mortality rate is 1.05 per 1,000 births and the stillbirth rate is 26 per 1,000 births. Whilst not reaching the record figures for 1946, these figures are still good. The Infant Mortality

rate, i.e., the deaths of infants under 1 year per 1,000 births, remains at the 1946 figure, namely 36. These variations in the yearly figures may appear small and uninteresting, but they constitute important human facts when transformed into figures of lives of expectant mothers and their young babies which could, or actually, have been saved. The County Council has through the vision and generosity of Mr. Ernest Stevens and the late Countess Baldwin been able to hand over to the Regional Hospital Board two Maternity Homes which have already proved their worth in assisting the comfort and safety of childbirth and which should continue to be of value to the population of the County.

The Council will still retain some responsibility for the care of mothers and their young children, and the Council's proposals under the various sections of the National Health Service Act (see appendix A) still invite, and confidently look to, voluntary helpers to continue to co-operate as partners in the official schemes and as pioneers in opening up fields outside them. The outstanding features of the year were:

- 1.—The nation-wide outbreak of poliomyelitis, which Worcestershire did not escape. There were sixty notifications: four cases died, and a number suffered resultant paresis.
- 2.—The resignation of my deputy, Dr. S. C. Parry (who took up an appointment in Hampshire) and the appointment of Dr. J. W. Pickup, from the Essex County Council, as his successor.
- 3.—A considerable extension of the Domestic Help Scheme through the County W.V.S. Mrs. Moore Ede, the County Organiser, has rendered invaluable service in this connection.
- 4.—The still increasing lists of tubercular patients awaiting sanatorium beds; this is a most disturbing circumstance.

It is again a pleasure to record the good work done by all sections of the department and the keenness and willingness with which their work is performed.

I wish to thank you, Mr. Chairman, and the Committee, for the interest and encouragement you have given to me and the staff of the department in connection with our work during the year. It is with very mixed feelings that we would wish to congratulate you on your new and very onerous appointment as Chairman of the Regional Hospital Board, and sincerely trust that this circumstance will not prevent your continued work and interest in connection with the County Health Services.

I am,

Your obedient servant,

WYNDHAM PARKER,

County Medical Officer.

Health Department,
County Buildings,
Worcester.

November, 1948.


TABLE I.

URBAN DISTRICTS	Area in Acres	POPULATION		Birth Rate per 1,000 estimated population	Total No. of Live Births	Illegitimate Births	Total No. of Stillbirths	Illegitimate Stillbirths	Death Rate per 1,000 estimated population	(a) No. of Deaths Registered	Infant Mortality, i.e., Deaths of infants under 1 year per 1,000 Births registered	Deaths Under 1 year		Causes of Death during Year 1947 (b)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
		Census 1931	Estimated for Birth and Death Rates, 1947									Total	Illegitimate	Typhoid and Paratyphoid Fevers	Cerebro Spinal Fever	Scarlet Fever	Whooping Cough	Diphtheria	Tuberculosis of Respiratory System	Other Tuberculous Diseases	Syphilitic Diseases	Influenza	Measles	Ac. poliomyel. and polio-enceph.	Ac. Inf. Encephalitis	Cancer Malignant Disease	Diabetes	Intra-Cranial Vascular Lesions	Heart Disease	Other Circulatory Diseases	Bronchitis	Pneumonia (all forms)	Other Respiratory Diseases	Ulcer of Stomach or Duodenum	Diarrhoea under 2 yrs.	Appendicitis	Other Digestive Diseases	Nephritis	Puerperal Sepsis	Other Maternal causes	Premature Birth	Congenital Debility and Malformation	Suicide	Road Traffic Accidents	Other Deaths from Violence	All other causes																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Bewdley Borough	3681	4279	4699	18.9	89	4	6	1	9.6	45	22	2	1	2	..	6	..	4	16	..	7	1	1	2	1	5																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Bromsgrove	9228	21465	25290	18.6	470	24	14	—	10.7	270	28	13	1	14	1	3	1	1	..	1	54	2	35	60	5	9	12	3	..	2	2	3	7	..	1	4	7	4	6	3	30																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Droitwich Borough	1735	4764	5798	17.1	99	7	2	—	15.0	87	30	3	1	1	14	1	19	18	6	2	4	..	1	1	1	1	2	..	2	1	13																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Evesham Borough	3958	10605	11780	20.0	236	15	3	—	12.8	151	25	6	1	5	2	17	2	17	42	7	7	2	3	4	1	..	3	2	..	1	2	3	1	4	5	21																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Halesowen Borough	5247	30350	38980	18.7	730	21	19	—	10.0	390	32	23	—	16	5	..	1	1	63	2	43	109	7	30	17	9	3	..	2	6	5	9	10	3	7	4	38																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Kidderminster Borough	4694	29521	36650	21.8	800	52	25	1	12.4	453	55	44	5	1	..	15	4	1	1	1	..	1	70	3	55	100	31	35	14	3	2	4	1	10	13	1	..	10	19	7	1	12	38																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Malvern	7400	16665	20770	18.2	378	25	9	1	15.0	312	48	18	5	6	55	1	53	87	17	11	7	2	2	3	5	2	10	2	1	9	39																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Oldbury Borough	3304	36642	52510	20.0	1049	36	29	2	9.5	501	36	38	1	1	27	4	2	3	3	..	2	102	2	47	112	12	41	26	2	3	4	2	11	12	..	3	10	11	2	4	12	41																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Redditch	12059	22207	26680	20.1	537	30	12	1	12.7	340	39	21	—	..	1	..	1	..	14	1	4	..	1	..	1	54	3	45	110	6	11	14	4	3	2	2	5	10	4	9	2	7	7	19																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Stourbridge Borough	4214	33140	36010	19.5	701	26	20	2	11.9	427	34	24	1	2	21	4	2	6	1	..	1	73	1	44	117	11	23	12	6	3	2	1	8	9	..	1	5	11	10	2	6	45																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Stourport-on-Severn	3204	7340	9153	20.9	191	8	5	—	10.2	93	31	6	—	6	1	1	1	..	1	..	15	..	10	11	10	2	3	4	3	2	2	1	2	..	4	14																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Total	58724	216978	268320	19.7	5280	248	144	8	11.4	3069	37	198	16	..	1	..	2	3	125	22	13	13	8	3	6	523	17	372	784	112	178	112	36	21	16	10	53	66	1	6	49	83	33	36	64	303																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
RURAL DISTRICTS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														</

(a) Arrived at by excluding deaths of non-residents and including deaths of persons properly belonging to the Districts, but who died outside these districts.

(b) These figures are supplied by the Registrar General.

ENGLAND AND WALES:			
Birth Rate	20.5 per 1,000
Death Rate	12.0 "
Infant Mortality Rate	41 "



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STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area in acres	438,221
Population, Census 1931	308,781
Registrar-General's estimate of resident population, mid-1947	..	..	..	..	375,860
Rateable Value (1st April, 1948)	..	..	..	..	£1,901,341
Sum represented by a penny rate	..	..	..	..	£7911

		Males	Females	Total
Live Births—Legitimate	..	3,686	3,373	7,059
—Illegitimate		168	185	353

Birth-rate per 1,000 of estimated resident population 19.7

		Males	Females	Total
Stillbirths	.. ..	111	85	196

Rate per 1,000 total (live and still) births 26

		Males	Females	Total
Deaths	.. ..	2,233	2,140	4,373

Death-rate per 1,000 of estimated resident population 11.6

Deaths from Puerperal Causes:—

		Deaths	Rates per 1,000 live births	Rates per 1,000 total (live and still) births
Puerperal Sepsis	..	2	.27	.26
Other Maternal Causes		6	.81	.79
Total	..	8	1.08	1.05

Infant Mortality (Infants under one year of age):—

All Infants per 1,000 live births	.. ..	36
Legitimate Infants per 1,000 legitimate live births		35
Illegitimate Infants per 1,000 illegitimate live births		54

Deaths from Measles (all ages) 8

Deaths from Whooping Cough (all ages) .. 8

Deaths from Diarrhoea (under 2 years of age) .. 18

Deaths from Cancer (all ages) 705

STAFF.

County Medical Officer of Health and School Medical Officer :

Wyndham Parker, C.B.E., M.C., M.B., Ch.B., D.P.H.

Deputy County Medical Officer of Health and School Medical Officer :

J. W. Pickup, M.B., Ch.B., D.P.H., M.D.

Chief Tuberculosis Officer :

R. B. Mayfield, M.D., D.P.H.

Assistant Tuberculosis Officers :

R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P.

J. N. Macartney, M.B., B.Ch., B.A.O., D.P.H.

Assistant County and School Medical Officers :

L. J. Bacon, M.D., B.Ch., M.B., M.R.C.S., L.R.C.P., D.P.H.

Eileen M. Bulmer, M.B., Ch.B.

Margaret C. Fell, M.B., Ch.B., D.P.H., D.C.H.

R. W. Markham, B.A., M.B., B.Ch., D.P.H.

Margaret M. Meikle, M.B., Ch.B., D.P.H.

J. J. Murray, M.B., B.Ch., B.A.O., D.P.H.

Eleanor Patterson, M.B., B.S., D.P.H.

Vera Pugh, M.B., Ch.B., M.R.C.S., L.R.C.P.

C. Starkie, M.D., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

A. F. Turner, M.B., Ch.B., D.P.H.

Sara C. Walker, M.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Oculists (Part-time) :

I. Lloyd Johnstone, M.B., M.R.C.S., L.R.C.P., D.O.

A. A. Douglas, M.D., M.B., Ch.B., D.P.H., F.R.C.S.

C. Martin Doyle, M.R.C.S., L.R.C.P.

Chief Dental Officer :

B. D. Britten, L.D.S.

Deputy Chief Dental Officer :

F. H. Pugh, L.D.S.

Assistant Dental Officers :

Margaret R. Lindsay, L.D.S.

K. R. E. Simpkin, L.D.S.

E. V. Stone-Wigg, L.D.S.

B. N. Watkins, L.D.S.

Superintendent Health Visitor :

Miss N. Ashton, S.R.N., S.C.M., H.V.Cert.

Senior Health Visitor :

Miss J. C. Butler, S.R.N., S.C.M., H.V.Cert.

Health Visitors :

Miss E. Aspinall, S.R.N., S.C.M., H.V.Cert.
 Miss E. R. Baird, S.R.N.
 Miss M. Blaze, S.R.N., S.C.M., H.V.Cert.
 Mrs. H. L. Bryan, S.R.N., S.C.M., H.V.Cert.
 Miss E. M. Clarke, R.S.C.N., S.C.M.
 Miss A. Davies, S.R.N., S.C.M.
 Mrs. W. Dovey, S.R.N., S.C.M., H.V.Cert.
 Mrs. L. K. Flood, S.R.N., S.C.M.
 Miss G. C. Furnish, S.R.N., S.C.M., H.V.Cert.
 Miss M. Hopkins, S.R.N., S.C.M., H.V.Cert.
 Miss E. M. Hollins, S.R.N., S.C.M., H.V.Cert.
 Miss B. J. Hudson, S.R.N., S.C.M., H.V.Cert.
 Mrs. E. Jones, S.R.N., S.C.M., H.V.Cert.
 Miss A. Lawson, S.R.N., S.C.M., H.V.Cert.
 Miss S. Mason, S.C.M.
 Miss E. Nock, S.R.N., S.C.M.
 Miss E. E. Noke, S.R.N., S.C.M., H.V.Cert.
 Miss M. J. O'Grady, S.R.N., S.C.M., H.V.Cert.
 Mrs. E. L. Pitt, S.C.M., H.V.Cert.
 Miss M. I. Robson, S.R.N., S.C.M., H.V.Cert.
 Miss M. Sheppard, S.R.N., S.C.M.
 Mrs. W. C. Wall, S.R.N., S.C.M., H.V.Cert.

Dental Attendants :

Miss A. Clissold.
 Miss V. A. Evans.
 Miss L. M. Fox.
 Miss E. R. Pagett.
 Mrs. G. Shepherd.
 Miss D. Yeates.

Midwives :

Mrs. E. Adams, S.C.M.
 Mrs. E. Dunn, S.C.M.
 Mrs. M. Gunn, S.R.N., S.C.M.
 Mrs. S. Hill, S.C.M.
 Mrs. A. M. Nightingale, S.C.M.

Orthopaedic Specialists (Part-time) :

F. G. Allan, M.B., B.S., F.R.C.S., L.R.C.P.
 T. S. Donovan, M.B., B.Ch., M.Ch., F.R.C.S., L.R.C.P.
 N. Duggan, M.B., Ch.B., F.R.C.S., M.R.C.S., L.R.C.P.

Orthopaedic Nurses :

Miss O. M. Woods.
 Mrs. K. J. Johnson.
 Mrs. W. M. Law (*Part-time*).

Senior Boarding Out and Welfare Officer :

Miss M. E. Denham.

Home Teachers for the Blind :

Mrs. A. Cooper.
 Miss E. E. Ineson.

County Sanitary Officer :

Mr. R. W. T. Owen.

County Ambulance Officer :

Mr. G. L. Pitt.

Consultants (Part-time) :

May Pearce, M.B., Ch.B., D.P.H. (Psychiatrist).

S. Davidson, F.R.C.S., M.R.C.O.G. (Gynaecologist).

A. G. V. Aldridge, M.D., M.B., B.Ch., M.R.C.S., L.R.C.P.
(Paediatrician).

MATERNITY HOSPITALS.

*The Lucy Baldwin Maternity Hospital, Stourport-on-Severn.**Medical Officers :*

R. S. MacArthur, M.D., M.B., Ch.B.

C. Mackie, M.B., Ch.B.

E. M. Winter, M.B., Ch.B.

Matron :

Miss E. M. Sayers, S.R.N., S.C.M. (to 30th September, 1947).

Miss V. Burdett, S.R.N., S.C.M. (from 1st October, 1947).

*The Mary Stevens Maternity Home, Stourbridge.**Medical Officer :*

G. J. Meldon, B.A., M.D., M.B., B.Ch., B.A.O.

Matron :

Miss G. E. Winters, S.R.N., S.C.M.

*Rigby Hall Maternity Home, Bromsgrove.**Medical Officer :*

D. C. Mundy, B.Sc., M.B., Ch.B., M.B., B.S., D.Obst.,
R.C.O.G.

Matron :

Miss D. E. Hull, S.R.N., S.C.M.

STAFF.

Although 1947 was a year of change and difficulty, for the first time it became possible to completely cover all the posts of Medical Officers of Health to the County Districts with whole-time Medical Officers who are not engaged in private medical practice.

Dr. G. J. Eady retired after 27 years' service in the north-west portion of the County. His many friends in the County will miss him.

Dr. J. R. Craig (Medical Officer of Health, Kidderminster Borough) relinquished his public health appointment to allow of a whole-time Medical Officer of Health being appointed.

Dr. R. G. Smithson (Oldbury) and Dr. A. F. Turner (Malvern) both joined the West Riding County Council staff. The former was replaced by Dr. E. Connolly and the latter post was temporarily occupied by Dr. L. Roberts, who very kindly came out of her well-earned retirement.

Dr. C. Starkie (Kidderminster Borough) and Dr. R. W. Markham (Stourport, Bewdley, Tenbury and Kidderminster Rural group) joined the County Council's staff after war service.

Dr. L. J. Bacon (Bromsgrove and Redditch) finished his service with the County on the 31st December, 1947, on taking up the appointment of Deputy County Medical Officer with the Buckinghamshire County Council.

Dr. Beatrice Thompson filled vacancies first at Evesham and Pershore during the illness of Dr. J. J. Murray and later worked at Malvern and Upton-on-Severn until a permanent Medical Officer of Health could join the staff.

It is with regret I have to record the death of Dr. Mark Bates, who was in charge of the Venereal Diseases Department at the Worcester Royal Infirmary.

Miss N. Ashton was appointed Superintendent Health Visitor in 1946.

Miss Marshall Meade (Health Visitor) left the Council's service to make her permanent home in Canada. She will be greatly missed in the Halesowen area where she had over a period of years proved herself a most excellent Health Visitor.

In conjunction with the Worcester City Council, the Worcester Royal Infirmary, and the Kidderminster, Malvern and Evesham Voluntary Hospitals, it was decided to appoint a Paediatrician. Dr. A. G. V. Aldridge, F.R.C.P., took up the duties of this post in 1947.

Ambulance Facilities.

The ambulance service maintained at the request of the Ministry of Health continued to convey hospital service patients, there being a skeleton staff working under the direction of Mr. G. L. Pitt, the County Ambulance Officer. It is intended that this service shall be amalgamated with the County Ambulance Service to come into operation on the 5th July, 1948.

The war-time extension of the civilian ambulance service continued to operate at Tenbury, Pershore and Stourport-on-Severn. The service at Upton-on-Severn, however, was discontinued, the main bulk of the work being undertaken by the Worcester ambulance station.

Prior to April, 1947, the ambulance service for the Kidderminster district was operated by the Borough Police Force. With the amalgamation of the latter with the County Constabulary on the 1st April, the existing arrangements could not be continued. Accordingly, at short notice, the County Council arranged with the Kidderminster Borough Council to operate a service which included the areas of Bewdley Borough and Kidderminster Rural District. The National Fire Service provided accommodation for personnel and also included the ambulance service in their communication arrangements at the Fire Station in Castle Road. Garages were rented from the Local Authority at the Baths in close proximity to the Fire Station, and three whole-time drivers were appointed. One Austin ambulance was taken over from the Borough Council, and two additional vehicles were provided by the Worcestershire Home Service Ambulance Committee.

The Hospital Car Service for sitting cases undertook an increased amount of work during the year at Worcester, Kidderminster, Evesham, Bromsgrove and Stourbridge, on terms agreed between the W.V.S., the County Council and the Hospitals concerned.

The survey of ambulances, garages and stations in connection with the County Ambulance Service to be set up under the National Health Service Act, 1946, was completed, and the County Council's proposals were forwarded to the Minister of Health for consideration.

As further revision of the original proposals became necessary to provide for assistance in urban areas to be given by the City and County Fire Brigade, it is not possible at this stage to include the final proposals of the County Council in Appendix A.

Nursing in the Home.

The provision of a District Nursing Service is not a statutory duty of the County Council but will be when the new National Health Service Act comes into operation. Fortunately the County Nursing Association, through the affiliated district associations, has already established a service which covers most of the County. The proposals of the Local Health Authority will be found in Appendix A. The district nurses will, from the 5th July, 1948, be employed and paid by the County Council, who will also be responsible for the cost of maintaining and extending the service, but the existing associations are being encouraged to continue to assist the authority in the form of voluntary service.

Clinics and Treatment Centres

Details of attendances at Child Welfare, Ante-natal Clinics, and Tuberculosis Dispensaries are given in the later sections of this report. The report of Dr. Mayfield (Chief Tuberculosis Officer) is included. (See Appendix B).

MATERNITY AND CHILD WELFARE.

Births. Birth Rate and Infant Mortality.

	Legitimate Births	Illegitimate Births	Birth Rate live births per 1000	Infant Mortality rate	Still Births	Rate per 1000 births
1937	4874	155	15.2	52	217	41
1938	5053	180	15.6	48	202	37
1939	5352	196	16.3	49	213	37
1940	4675	178	13.6	56	205	41
1941	5511	229	15.3	54	173	30
1942	6203	279	17.4	40	237	32
1943	6419	351	18.3	39	215	31
1944	6992	423	20.2	41	190	25
1945	5990	576	18.2	43	177	26
1946	6506	460	18.9	36	178	25
1947	7059	353	19.7	36	196	26

Infant Mortality Rate.

The rate of 36 (deaths of infants under 12 months) per 1,000 live births is the same as that recorded in 1946. The considerable proportion of illegitimate births is not only unfortunate in itself, but the chance of survival of the illegitimate child is not so good as the legitimate, as the following figures demonstrate:

	1947	1946	1945	1944
Infant Mortality Rate.—				
Legitimate births	35	33	42	40
Infant Mortality Rate.—				
Illegitimate births	54	69	59	52

Stillbirths.

The improved rates for the last four years (see above table) is an indication of progress for which the improved ante-natal and maternity services can be credited as partly responsible. The generally better balanced dietary for the expectant mother is also a probable factor as this reduction in the stillbirth rate is a national as well as a local phenomena.

Maternal Mortality.

The figure for 1947 is not quite so good as in 1946, the deaths from the complications of pregnancy during the year being just over one per 1,000 births.

	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
Deaths from :											
sepsis	8	3	4	9	3	5	3	5	3	1	2
other causes	16	15	10	5	7	12	13	8	5	5	6
Total Maternity											
Mortality rate											
per 1000 births	4.57	3.31	2.41	2.47	1.63	2.5	2.3	1.7	1.19	0.86	1.08

These results fully justify the efforts taken by the Authority over a period of years. Whilst the introduction of new drugs has brought the deaths from sepsis within measure of control, it is to the ante-natal service (including the general practitioners) and the Maternity Hospitals that credit must be given for the reduction in the number of deaths from causes other than sepsis.

PREMATURE OR UNDER-WEIGHT BABIES.

BORN AT HOME—150.

	<i>Premature</i>	<i>Full time</i>	<i>Total</i>
		<i>(but below weight)</i>	
Number nursed at home	100	47	147
Number sent to hospital	3	—	3
			— 150
Died within 24 hours	9	2	11
Survived at end of 1 month	86	44	130
Died within 1 month	8*	1*	9
			— 150
BORN IN HOSPITAL	85	30	115
Died within 24 hours	17	—	17
Survived at end of 1 month	62	28	90
Died within 1 month	6*	2*	8
			— 115

*Infants who die within 24 hours of birth are not included in this figure.

The Council has authorised the purchase of a number of premature baby cots and outfits to be stored at various points in the County and issued on loan for use in the patients' home.

It is also intended to arrange for the special training of selected midwives in the special care of premature infants; the selection will as far as possible follow the distribution points arranged for the storage of premature outfits.

It is probable that the provision of the outfit, and the availability of a midwife with special training, in the various parts of the County will reduce the number of emergency admissions to hospital to a minimum; this is desirable to avoid cross infection and also there is a risk in conveyance and the separation of the mother from her child should, if possible, be avoided.

MIDWIVES ACTS.

Domiciliary Midwifery Service.

During 1947, 205 midwives gave notice of intention to practise in the County; this number excludes midwives in the Borough of Oldbury, as the Borough Council is the Local Supervising Authority. The five domiciliary midwives in the Borough of Stourbridge, who are directly employed by the County Council, attended 402 confinements in 1947.

The 67 District Nursing Associations (all but two affiliated to the County Nursing Association) provide the main domiciliary midwifery service for the County. They employ 108 Nurses (exclusive of relief and supervising staff); a few of these nurses are engaged on midwifery duties alone, but the majority undertake combined duties.

During 1947, approximately 3,000 confinements were attended by the district nurse midwives. It is estimated that the service is equivalent to the work of 54 wholetime midwives, giving an average of 56 cases each. The independent midwives play a small part in the County domiciliary service, only 184 births being attended by them in 1947.

Supervision of Midwives.

The Assistant County Medical Officers are the medical supervisors of midwives in defined districts of the County. It is proposed to appoint a whole-time non-medical inspector of midwives.

Gas and Air Analgesia.

From the information available, at least 39 District Nurses had obtained their certificate by the end of 1947.

Isobel Morcom Medal and Prize.

This Medal and Prize are awarded annually to a nurse who is considered to have rendered outstanding service to the County either as a District Nurse or Midwife; each third year midwives working in Maternity Homes or Hospitals are eligible to be considered by the adjudicators in making their recommendation. The award in 1947 was made to Nurse A. Horniblow, District Nurse Midwife for Castlemorton area since 1918.

Institutional Midwifery.

In my last report I recorded the difficulties experienced in 1946 in maintaining the Institutional Midwifery Service. The staff difficulties continued in 1947 and to crown this, Miss Hull, Matron of Rigby Hall Maternity Home, was taken ill during the period of preparation and alterations to the premises prior to the opening.

Mrs. Thompson, of Redditch, who before her marriage had been a Matron at Lickhill Manor Maternity Annexe very kindly came to the assistance of the Council as temporary matron.

The Rigby Hall Maternity Home, after many difficulties, was eventually put in operation on 3rd March, 1947, and Miss Hull, on her return from sick leave, was able to find an actively functioning unit.

The Birmingham Maternity Hospital (Loveday Street) again rendered great assistance, 286 County cases, many of them complicated, being delivered in that hospital.

Maternity and Child Welfare.

The reinstatement of Infant Welfare Centres, following their war-time use as First Aid Posts, Cleansing Stations, etc., has progressed but slowly.

With the knowledge that new building proposals are distant hopes, the existing need for additional premises (in particular Dental Clinics), is so urgent that efforts to adapt existing premises are being pursued as actively as present circumstances permit.

At Tenter Street School, Halesowen; Colley Lane, Cradley, and the First Aid Post at Stourbridge, work is in progress.

The Old Vicarage at Redditch is to be purchased and improved; also Coventry Street School, Kidderminster, now unused, is to become the main clinic for the town. At Evesham, a portion of the Old Casual Wards is to be adapted for Dental and Maternity and Child Welfare Clinic purposes.

The Malvern Link Centre has been transferred to the Free Church Hall.

As there are no available buildings in the town, it is intended to purchase and adapt a hut at Stourport for a Clinic, in particular for dental treatment.

	Lucy Baldwin Maternity Hospital	Mary Stevens Maternity Home	Avonside County Hos. Evesham	Rigby Hall Maternity Home	Blakebrook County Hos. Kidder- minster
Number of Beds	18	16	29	15	13
Isolation Beds	2	2	—	—	—
Cases Admitted	401	465	417	233	122
Average Stay (days)	11	10-14	12	14	13
Cases Delivered by					
Midwives	260	228	396	153	108
Doctors	88	199	14	66	7
Total cases delivered	351	438	410	229	115
Medical Aid sought	50	87	51	53	20
Puerperal Pyrexia					
Cases	6	9	—	2	—
Ophthalmia Neona- torum cases	1	3	—	—	1
Maternal Deaths	—	—	1	1	—
Infant Deaths :					
(a) Still-Births	13	10	3	9	3
(b) within 10 days	5	9	7	3	5

Maternity Patients admitted to other Maternity Homes or Hospitals.

Worcester Royal Infirmary	76	} 404 cases.
Kidderminster and District Hospital	..	..	17
Birmingham Loveday Street	..	..	286
Queen Elizabeth Hospital, Birmingham			8	
Hallam Hospital, West Bromwich	..	..	3
Sunnyside, Cheltenham	..	..	5
Wolverhampton Hospital	..	..	1
Private Nursing Homes	..	..	8

INFANT WELFARE CENTRES AND ANTE-NATAL CLINICS.

There are 27 County Council Centres and 32 Voluntary Centres established in the County together with 17 County Council and Voluntary Ante-Natal Clinics.

The location and average attendance are given below :—

County Council Centres.

			<i>Held</i>	<i>Average Attendance</i>
Blackheath	—	—	Weekly and Fortnightly	53
Blackwell (now closed)	—	—	Monthly	5
Bromsgrove	—	—	Weekly and Fortnightly	48
Cradley	—	—	Weekly	56
Crabbs Cross and Astwood Bank	—	—	Fortnightly	32
Catshill	—	—	Weekly	27
Cookley	—	—	Fortnightly	18
Cutnall Green	—	—	Monthly	19
Droitwich	—	—	Weekly	37
Feckenham	—	—	Monthly	19
Halesowen	—	—	Weekly	102
Lye	—	—	Weekly	52
Malvern Link	—	—	Weekly	39
„ Lansdowne	—	—	Weekly	22
„ Newtown	—	—	Weekly	26
Pedmore	—	—	Fortnightly	27
Pershore	—	—	Fortnightly	21
Redditch	—	—	Twice weekly	34
Rubery	—	—	Fortnightly	34
Stoke Works	—	—	Fortnightly	12
Stourport-on-Severn	—	—	Fortnightly	42
Stourbridge	—	—	Twice weekly	73
Tenbury	—	—	Fortnightly	23
West Heath (now weekly)			Fortnightly	24
Wolverley	—	—	Monthly	22
Wribbenhall	—	—	Fortnightly	46

Voluntary Infant Welfare Centres.

Alvechurch	—	—	Fortnightly	24
Areley Kings	—	—	Fortnightly	17
Ashton-under-Hill	—	—	Monthly	9
Badsey	—	—	Monthly	21
Beckford	—	—	Monthly	8
Belbroughton	—	—	Fortnightly	16
Beoley	—	—	Monthly	19
Bretforton	—	—	Monthly	14

			<i>Held</i>		<i>Average Attendance</i>
Broadheath	—	—	Fortnightly	—	10
Broadway	—	—	Fortnightly	—	39
Bredon	—	—	Monthly	—	16
Chaddesley Corbett	—	—	Monthly	—	5
Clent	—	—	Fortnightly	—	13
Cofton Hackett	—	—	Fortnightly	—	17
Crowle	—	—	Monthly	—	14
Evesham	—	—	Weekly	—	38
Fladbury	—	—	Fortnightly	—	21
Hagley	—	—	Fortnightly	—	24
Hallow	—	—	Fortnightly	—	21
Hanley Castle	—	—	Monthly	—	10
Honeybourne	—	—	Monthly	—	32
Kemerton	—	—	Monthly	—	21
Kempsey	—	—	Monthly	—	37
Littleton	—	—	Fortnightly	—	20
Norton	—	—	Monthly	—	22
Ombersley	—	—	Fortnightly	—	9
Rock	—	—	Fortnightly	—	10
Severn Stoke (now closed)	—	—	Monthly	—	2
Tardebigge	—	—	Fortnightly	—	27
Upton-on-Severn	—	—	Fortnightly	—	14
Welland	—	—	Fortnightly	—	12
Wythall	—	—	Fortnightly	—	32

Ante-Natal Clinics.

The average attendances and first visits are set out below :—

			<i>Held</i>	<i>Average Attendance</i>	<i>First Visits</i>
Bewdley and Wribbenhall	—	—	Monthly	16	42
Bromsgrove	—	—	Weekly, whole day	27	182
Blackheath	—	—	Weekly and Fortnightly	9	108
Cradley	—	—	Weekly	13	98
Droitwich	—	—	Fortnightly	13	56
Evesham (District Nurses Clinic)	—	—	Weekly	10	89
Evesham Avonside Hospital	—	—	Three times weekly	7	171
Halesowen	—	—	Weekly and Fortnightly	14	108
Lye	—	—	Weekly	21	148
Lucy Baldwin Maternity Home	—	—	Weekly (Drs.) Weekly (Matrons)	17	276
Mary Stevens Maternity Home	—	—	Fortnightly (Drs.) Weekly (Matrons)		
	—	—		5	250
Newtown, Malvern	—	—	Fortnightly	14	71
Redditch	—	—	Weekly	20	164
Rubery	—	—	Fortnightly	12	48
Stourbridge	—	—	Weekly and Fortnightly	26	250
Worcester	—	—	Weekly	11	131
West Heath	—	—	Fortnightly	4	31
Other Infant Welfare Centres					82

Total cases attending for first time

2,305

In addition to the cases supervised at Clinics, 1,870 first visits were made by Nurses and Midwives to the homes of Expectant Mothers.

Post-Natal Clinics.

There are no separate post-natal Clinics, but 248 cases were seen at ante-natal sessions, 170 of which were at the Avonside County Hospital, Evesham.

Dental Treatment.

Dental treatment for 21 expectant mothers was authorised in 1947.

Medical Aid.

Medical aid was required by midwives in 1,311 instances :

Domiciliary cases	—	—	—	—	1,124
Nursing and Maternity Homes	—	—	—	—	187

Specialist and Consultant Service.

Specialists were provided on 11 occasions to see patients in their own homes; in addition 21 cases were seen by consultants in County Maternity Homes.

There were 13 special consultant ante-natal sessions when 126 patients were seen; this number included booked cases at Maternity Homes and cases referred by private practitioners. These consultation figures are exclusive of the large numbers of complicated cases seen at the Out-patient Departments of Hospitals. One case was seen at Malvern Hospital at Mr. Davidson's session there.

Maternity Emergency Flying Column.

The Mobile Emergency Maternity Unit based on the Birmingham Maternity Hospital was summoned to patients in North Worcestershire on eight occasions during 1947. The promptitude and efficiency of these arrangements are worthy of note. This provision may save lives and is of great assistance to general practitioners. There is need for a similar type of organisation based on Worcester Royal Infirmary, or some other Hospital, to deal with the Rural districts outside the radius of the area covered by Birmingham; I have records of cases where I believe lives might have been saved if such an arrangement had existed and been promptly available in the home.

Puerperal Pyrexia.

During 1947 notifications of 37 cases of Puerperal Pyrexia were received; in 12, in-patient treatment in Hospital was provided. Doctors are encouraged to notify the border-line case. The use of penicillin and the sulphonamide group of drugs is so successful that the temperature frequently falls at once, which may make notification, according to the strict definition, unnecessary. I think there may be risk of infection to other cases in such circumstances; and it would seem the pulse rate should be considered as well as the temperature in deciding the need or otherwise for a separation ward and separate nursing.

Training of Midwives.

The Kidderminster and District Nursing Associations' Home is recognised for the second part of training for the Midwife's Certificate. Worcester City Nursing Association is similarly recognised. There is no training school (Part 1) in the County. This is unfortunate because most student midwives by the time they have completed Part 1 and arrive in the County to undertake Part 2 training have already fixed up for future work when this training is complete. The County Council has agreed to pay £20 for each midwife, supplied by the Training Institution, who remains in the County service for a minimum period of twelve months, but the solution would be a new Maternity Home in or near Worcester with at least 30 beds and recognised for Part 1 training. This suggestion is the adopted long-term policy of the County Council, but present difficulties have made the implementation impracticable.

Post Certificate instruction in the form of refresher courses has not yet been resumed on account of staff shortage.

Nursing Homes.

The registered Nursing Homes are regularly visited by the Assistant County Medical Officers. Five additional Homes were registered in 1947, bringing the total of registered Homes in the County to 21 on the 31st December, 1947.

MOTHER AND BABY HOMES.

The Worcester Diocesan Moral Welfare Association, in addition to providing a trained staff of outside workers, maintained two Homes for unmarried mothers and their children, the County Council making financial grants in aid of this work:—

Greenhill Hostel, Kidderminster.

As previously mentioned, the general maternity work undertaken during the war ceased in June 1946, the Hostel then reverting to its normal functions as an ante- and post-natal Hostel for unmarried girls with nursery accommodation for their babies.

Difficulties at once arose in connection with the staff required to attend the confinements in the Hostel. The number of confinements was relatively small and the midwives engaged would have comparatively little midwifery work; further it would have been difficult and costly to maintain the necessary staff.

The County Council (through the Public Assistance and Administrative Health Committees) undertook to admit patients to their Maternity Homes for the actual period of confinement, and the arrangement appears to be working well.

The premises will accommodate at least 12 ante- or post-natal mothers and 24 babies. Staff difficulties have I know been acute, but progress is being made on sound lines.

St. Catherines, Malvern Link.

This Home is provided for post-natal unmarried mothers and their babies; 18 mothers can be accommodated. A minimum of six places are reserved for Worcestershire cases, 27 of whom were admitted in 1947.

The object of the Home is to try to assist girls to retain their babies and re-establish their position in life.

The after results are so far encouraging, due in the main, I think, to the careful selection of girls admitted and to the enthusiasm, encouragement and understanding displayed by the staff responsible for the management of the Home.

The Association have engaged trained staff who are responsible for the nursery, a very necessary safeguard when dealing with very young children.

This Home has been fully used during the year and although it has only been open for a short period, the difficulties of starting a new venture have been very successfully overcome.

HOME HELPS AND DOMESTIC HELP SCHEME.

Arrangements for the provision of Home Helps in maternity cases have been operative in a small way for several years. I have previously mentioned the hard work put in by Dr. Walker in Stourbridge both in starting and maintaining the service in that area; a beginning has also been made in Halesowen and Stourport-on-Severn but progress has been slow and difficult.

The Women's Voluntary Service offered to assist; Mrs. Moore Ede, the County Organiser, who has successfully launched a scheme in the City of Worcester, has helped with advice and has attended the initial meetings at several towns in the County where efforts are being made to establish a full Domestic Help Scheme available for emergencies in connection with sickness, confinement or accident in the home.

The only requirement is need, save in the case of infectious disease. Ability to pay is settled by a County scale. Extension of the service in Halesowen and Stourbridge to include sickness and accident is being arranged. The possibility of establishing a service in other towns will in due course be explored.

About 44 Domestic Helps are at present employed, and during 1947 they attended 353 cases.

Details of the present scheme with assessment scale at present in operation are as follows :—

FINANCIAL PROVISIONS.

Appointment of Helpers.

(1) Three types of helpers will be employed :

- (a) *Whole-time*, with a normal working week of 42 hours.
- (b) *Regular Part-time*, working less than whole-time, but under a definite contract for a fixed number of hours, usually not less than 12, per week.
- (c) *Occasional*, who will not be under contract, but will assist when they can. Helpers in this category will not generally be employed for more than a few weeks each year.

Remuneration of Helpers.

- (2) *Whole-time and regular part-time helpers* will be paid 1s. 6d. per hour. They will be paid a guaranteed wage, according to the number of hours for which they have contracted, whether or not they have worked the full hours, *provided they are always available when required under the terms of their engagement.*
- (3) *Occasional helpers* will be paid 1s. 8d. per hour for the number of hours actually worked. There will be no guaranteed wage or payment during holiday and sick-leave.
- (4) Wages will be paid one week in arrear.
- (5) National Health Insurance cards must be produced on taking up appointments and appropriate deductions will be made from wages. Helps must also obtain Unemployment Insurance cards where working hours in any week exceed 30.

Leave for whole-time and Regular part-time Helpers.

- (6) Annual holiday will be granted, with pay, at the rate of one week after 6 months' service, and 2 weeks after 12 months' service.
- (7) The following Bank Holidays will be granted with pay:
 Good Friday; Easter Monday; Whit Monday; August (Monday); Christmas Day; Boxing Day.
 Where a help is required to work on a Bank Holiday, double time will be paid for that day.
- (8) Sick-leave will be granted with pay at the following rates:—

After 2 months' service,	1 month with full pay.
,, 4 ,, ,,	1 month with full pay and 2 months half-pay.
,, 12 ,, ,,	2 months with full pay and 2 months half-pay.

Medical certificates must be produced for absence exceeding 3 days and statutory N.H.I. benefits will be deducted when *full* wages are paid.

Travelling Expenses.

- (9) All helpers will be re-imbursed travelling expenses necessarily incurred in carrying out their duties.

Recovery from Householder.

- (10) Where the householder is able, or for any reason wishes to pay the full cost the charge will be 1s. 8d. per hour for full-time or part-time help. There will be no enquiry as to means.
- (11) Where the householder's payment is to be assessed, information must be obtained as to the income of the applicant, the number of dependent children, and the cost of rent and rates, to apply the following formula:

	£	s.	d.	£	s.	d.
Gross weekly Income						
<i>Less</i>						
(a) 30/- for husband and wife						
or (b) 18/- for one adult	—	—				
(c) 12/6 for the first child			—			
(d) 7/6 for each subsequent child						
(e) Rent and rates	—	—				
Net Income	—	—				
Less one-third	—	—				
Maximum liability to pay						

Subject to this maximum weekly sum the charge will be at the full rate of 1s. 8d. per hour. There will be a minimum charge of 5s. od. per week.

NOTE.—

Members of the family, living at home but earning wages, will be entirely excluded in applying the formula.

Miscellaneous Matters.

- (12) Travelling time will be allowed as working time for payment of wages where a helper is required to attend more than one household in the day.
- (13) Notice of termination of appointment will be one week, such notice to be given in writing on the day on which wages are paid.

HOME HELP SERVICE.

- (1) This is an emergency service of domestic help in cases of sickness, confinement, or accident.
- (2) The Home Helps will be local women and although all possible care will be taken to select persons who appear suitable for this kind of work, the County Council cannot accept responsibility for the manner in which they carry out their duties.
- (3) The actual amount of the cost to be refunded by each household will be assessed by the Organiser.
- (4) Payment must not be made direct by the patient to the Home Help.
- (5) If a case of infection has occurred in the household of the Home Help or if she has been in contact with, or is suffering from, any infection she should stop work at once and report to the Organiser and Health Department for instructions. In the case of the attendance of the Home Help at a house where there is a notifiable case of an infectious disease, attendances would be subject to the willingness of the Home Help and the consent of the local Medical Officer of Health.
- (6) The Home Help will attend patients as arranged by the Organiser.

- (7) She will do the ordinary household washing during attendance but will not be expected to undertake arrears of washing. She will also cook for the family and give general supervision of the family including children (if any).
- (8) She will be responsible for keeping the house clean and in good order, but the householder should ensure that it is clean when the Home Help first arrives. She will do the family shopping, if so required.
- (9) It is not the duty of the Home Help to undertake any work which properly belongs to the sphere of the Midwife nor to attend cases of confinement unless a doctor or Midwife is in attendance, in which event she acts under their supervision and direction.
- (10) The Home Help must provide her own food.
- (11) The Householder must give 24 hours' notice in writing to the Organiser when the Home Help is no longer required.
- (12) The Organiser reserves the right to withdraw the Home Help when the conditions of agreement signed by patient are not fulfilled.
- (13) Existing Home Helps to be given the opportunity of transferring to this new scheme, or alternatively to remain employed under the existing contract entered into with the County Council. All new Home Helps should be employed and paid under the new scheme.
- (14) If and when outdoor uniform consisting of overcoat and hat becomes available for the Home Help service, this will be provided on the recommendation of the Organiser concerned on the surrender of the necessary number of clothing coupons. It will not normally be provided until the Home Help has given at least 3 months' service and is considered likely to remain a member of the service. The uniform would remain the property of the County Council and be returned upon termination of appointment. Similarly Overalls will be provided on the surrender of the appropriate number of coupons, and will remain the property of the County Council.

HEALTH VISITING.

The staff was increased by two when Miss Hollins and Miss Hudson became available after completing the Health Visitors' Course in Birmingham and Region in April, 1947. Miss Hollins went to Halesowen and Miss Hudson to Rubery.

Miss Marshall Meade obtained a bursary through the Birmingham and Three Counties Branch of the Royal College of Nursing to attend the International Congress of Nurses at Atlantic City, U.S.A., in May and obtained permission from the County Council to remain for a three-months' Post Graduate Course in U.S.A. and Toronto. She returned to duty on 6th August, 1947. She decided, however, that she would like to take up a post in Canada, and left the County on 10th December, 1947.

Two students, Miss Coward and Miss Wedgewood, began the Health Visitors' Course on 1st September, 1947, and there are good reports on their work.

The extension of the Health Visitors' Training Scheme to the Region continued and worked very smoothly. Dr. S. C. B. Walker arranged a programme in Stourbridge and Lye for six students, who each attended for a full day each week for eight weeks. Eighteen students also spent a day with a Health Visitor doing rural work and great appreciation was shown as the students were in this way able to get a much wider view of the Public Health field.

About 50 District Nurses undertook part-time Health Visiting duties in rural areas. This included health visits to children under 5 years, school hygiene and helping the Medical Officer at medical inspections, routine quarterly visits for Child Life Protection and attendance at Infant Welfare Centres.

The following was the number of visits paid during the year by all Health Visitors :—

Expectant Mothers	First visits, 1,807	Total visits, 8,409
Children under 1 year	„ 5,141	„ 26,732
Children between 1 and 5 years		„ 37,852

POST GRADUATE COURSES.

Following the recommendations of the Rushcliffe Committee three Health Visitors attended for two weeks a Post Graduate Course in Birmingham arranged by the Royal College of Nursing in conjunction with the University of Birmingham and Birmingham Public Health Department.

BOARDING-OUT AND AFTER-CARE.

Miss Denham (Welfare Officer) on my staff who undertakes the boarding-out of children who are the responsibility of the Public Assistance Committee, has provided me with the details below. This work will of course cease to be dealt with by my Department when the Children's Act becomes operative.

The policy of boarding-out children with foster-parents has been further pursued during this year with particular reference to the "under fives"—placing suitable children in foster-homes direct from the Nursery instead of first transferring them to the Cottage Homes, thus avoiding a second uprooting in their young lives. In 1947 39 children were boarded-out which included several who were supervised for other Local Authorities.

A good deal of time has been spent in finding new homes—one of the main difficulties is to obtain suitable homes for boys. The majority of prospective foster-parents seem to prefer girls and there are not enough suitable girls in the Council's Homes to fill all the homes offered.

On the whole children boarded-out have done well, have kept fit except for a few children who have had childish complaints, one small boy being really ill with whooping cough. One girl has done very well by winning a scholarship to a Technical School. Two children have had to leave their foster-homes, one as the home became unsuitable and the other child became rather a problem and needed rather more skilled treatment than could be obtained in the foster-home.

After-care of some 40 boys and girls has been undertaken during 1947. A number of boys entered the Forces and one who volunteered for the R.A.F. came first in his intelligence test out of 78 boys. The young people have been placed in such work as bakery, engineering, farming, Land Army, and residential nurseries. Boys and girls found unsuitable for residential employment have been sent to a Farm Training School and Domestic Training Homes.

In November the Council obtained its own Residential and Training Home for 14 girls. This has filled a long-felt need, providing a place where the girls can go for a period prior to being placed in employment and where they can be received if they have to leave their situation or are unsuitable for residential work.

I again this year attended the summer camp held at Abergele for the children from the Cottage Homes and for some of the older children who are working. In this way I was able to further my knowledge of both staff and children which has been of the greatest assistance to me in carrying out my work as Boarding-out and After-Care Officer and has made for better co-operation all round.

In May the County Medical Officer took over the whole responsibility for the boarded-out children from the Public Assistance Officer, thus obviating a good deal of overlapping and making for more efficient administration having all the work in one department, but close co-operation between the various departments has still been maintained.

The volume of work very much increased during the year and it became necessary to appoint an Assistant Boarding-out Officer, Miss Cook, who commenced duty on the 6th August, 1947.

In addition to the fore-mentioned, I have dealt with quite a number of miscellaneous cases including the after-care of several coming under the Children and Young Persons Act, 1933, on behalf of the Education Committee, and of a number of ex-evacuees who are still left in the County, besides visiting women notified under Regulation 33B.

Child Life Protection.

The number of children under supervision on the 31st December, 1947, was 50 in the care of 44 registered foster-mothers. There were no deaths of foster-children during 1947. The number of first visits was 22 and the number of quarterly supervision reports was 189.

The number of children in Preparatory Schools and Voluntary Homes, in respect of which certificates of exemption from visiting were in force, was 184.

Foster-Mothers.

The shortage of suitable persons continues. It is hoped that the Children Act may focus attention on the need for a fairer deal for foster-mothers, as this would undoubtedly mean better homes for children separated from their parents.

Adoption of Children (Regulation) Act, 1939.

No person gave notice under Section 7 (3). At the end of the year there was one child under supervision who had been notified under this section.

The close co-operation between Miss Marshall (the Organiser of the Diocesan Moral Welfare Association) and the staff of the County Council has continued, through regular meetings with senior staff and notification of placings with subsequent visits by Health Visiting staff. Voluntary Adoption Societies contact the Public Health Department regarding suitability of homes and children are visited after placing. The Director of Education as Guardian *ad litem* has asked for and received the Health Visitors' reports before cases are taken to Court.

ORTHOPAEDIC TREATMENT OF CRIPPLES.

In-Patient Treatment.

The following table shows the number of Orthopaedic cases treated under the Scheme as in-patients in Hospitals:—

Hospital	Tuberculous crippling defects			Crippling defects (other than T.B.)		Total
	Adults	School children	Infants	School children	Infants	
Birmingham Royal Cripples Hospital	19	12	2	60	20	113
Worcester Royal Infirmary	—	—	—	5	7	12
Worcester, Newtown Hospital	1	—	—	—	—	1
Paybody Hospital, Coventry	—	1	—	—	—	1
Queen Elizabeth Hospital, Birmingham	1	—	—	—	—	1
Warwickshire Orthopaedic Hospital	—	—	—	1	1	2
Lord Mayor Treloar Hospital, Alton	—	—	—	1	—	1
Totals	21	13	2	67	28	131

The 36 cases of Tuberculous Crippling Defects were:—

Spine Cases	16
Other Bone and Joint lesions	20

Out-Patient Treatment.

The number of cases and total attendances at the Clinics are set out in the following Table:

1947

Out-Patient Centre	Number of School Children attending	Total attendances by School Children	Number of Infants attending	Total attendances by Infants	T.B. Cases attending	Total attendances by T.B. cases
Stourbridge	234	620	74	284	24	73
Redditch	74	206	45	152	4	11
Worcester	74	201	33	67	24	82
Broad Street, Birmingham ..	32	608	20	187	37	146
Kidderminster	107	401	16	71	7	28

ORTHOPAEDIC WORK.

Miss O. M. Woods, the Senior Orthopaedic After-Care Sister, has given me the following information as to her work in 1947 :—

<i>No. of Clinic Cases</i>	<i>No. of Visits</i>	<i>No. of Non- Clinic Cases</i>	<i>No. of Visits</i>
107	530	322	828

In addition 28 schools were visited and all the children present were inspected for posture classes taken subsequently by the two assistant after-care Sisters (Mrs. Johnson and Mrs. Law), and at three more with the object of encouraging the Teachers themselves to carry on with posture training throughout the school. Many of the visits paid were to the parents in connection with the training and to give advice re shoes, etc.

The Malvern Open-Air School was visited periodically with the same objects throughout the year and children were taken for exercises.

Visits were also paid to " Special " children at a further 48 schools.

An Orthopaedic session was held weekly at Evesham from November onwards at which 14 children attended for exercises or special treatment and supervision.

A boy of 16 badly crippled with early Potts disease was taken for an interview at St. Loyes Training College, Exeter, and was subsequently accepted for training in watch repairing.

Mrs. Law (one of the Assistant After-Care Sisters) attended the Newtown Orthopaedic Centre at Malvern, where 54 boys and 61 girls were treated monthly in classes.

The period of the courses varied from a few weeks to two or three months. The children after discharge were seen again in from one to six months to ensure that the improvement was maintained. Individual treatment was given to a further 18 children (mostly infants).

Mrs. K. I. Johnson has also given the following details :—

I attended regularly at the Orthopaedic Clinics held in Worcester and Kidderminster and occasionally at the Clinics held in Redditch and Stourbridge.

Thirty schools were visited, and all children examined for any physical defect. At 15 of these schools classes in remedial exercises were given once a week for three or four weeks to those children in whom some slight defect was found. Parents were visited in certain cases and advice given in regard to suitable footwear, and the continuance of exercises at home. Many children were found to be wearing unsuitable footwear and footwear that had become too small. The high cost of footwear and repairs possibly has some bearing.

The following number of children were kept under supervision and in all a total of 728 visits were paid :—

	<i>Attending school</i>	<i>Infants</i>	<i>T.B.</i>
Clinic Cases	59	13	2
Non-Clinic cases	292	—	—

In the early part of the year I was accompanied by Miss Woods to the schools and some home visits. I am much indebted to Miss Woods for her very great help.

VENEREAL DISEASES.

From a study of the tables it will be seen there is a small reduction on the 1946 figures in the number of cases of Syphilis and Gonorrhoea attending clinics for the first time.

There is a very considerable reduction in the number of cases found to be not suffering from Venereal Disease.

The incidence of Syphilis is still three times the number found in 1939 so much still remains to be done to get to the old standard.

Regulation 33B will not operate after December 31st, 1947. This Regulation has been an awkward provision to operate but nevertheless was useful for the control of the otherwise unapproachable citizen. No "double" notices were received in 1947; eight single notices were received and all possible efforts were made to trace and advise them.

VENEREAL DISEASES. SUMMARY, 1947.

Treatment Centre	Number of Worcestershire cases dealt with for the first time				Total aggregate attendances
	Syphilis	Gon.	Not V.D.	Total	
WORCESTER	36	45	221	302	2,297
KIDDERMINSTER	21	22	32	75	1,306
BIRMINGHAM	37	52	159	248	3,735
DUDLEY	1	5	6	12	171
STOURBRIDGE	9	18	32	59	912
TOTALS, 1947	104	142	450	696	8,421
1946	126	226	592	944	10,785
1945	88	140	675	903	8,601
1944	93	70	555	718	8,640
1943	114	129	661	899	9,422
1942	94	135	517	746	8,390
1941	58	99	304	462	6,899
1940	55	126	241	422	6,603
1939	33	83	237	353	7,829
1938	48	138	187	373	12,352
1937	48	110	145	304	11,219
1936	47	117	184	348	10,661

VENEREAL DISEASES, 1943—1947

TABLE II.

Centre	Cases dealt with for first time										Total attendances of all patients				
	Syphilis					Gonorrhoea									
	1943	1944	1945	1946	1947	1943	1944	1945	1946	1947	1943	1944	1945	1946	1947
Worcester	31	15	19	36	36	26	15	35	66	45	2124	1969	1872	2512	2297
Kidderminster	28	15	14	18	21	9	8	15	46	22	823	816	773	1448	1306
Birmingham	37	52	39	57	37	71	28	67	83	52	4605	4332	4523	5273	3935
Dudley	1	4	4	1	1	5	7	7	9	5	315	365	415	299	171
Stourbridge	17	7	12	14	9	18	12	16	22	18	1555	1158	1018	1253	912
Totals	114	93	88	126	104	129	70	140	226	142	9422	8640	8601	10785	8421

VACCINATION.

The records of the Vaccination Officers and Public Vaccinators have been examined each quarter.

The Annual Returns of Vaccination Officers with respect to infants whose births are registered are not made until 13 months after the completion of the year to which they relate; the last available figures are those for the year 1946.

Of the 6,208 children reported by the several Vaccination Officers in the Administrative County as having their births registered during the year 1946, 2,807 (45.22%) were successfully vaccinated, while certificates of conscientious objection to vaccination were received in respect of 2,292 (36.92%). Of the remaining 1,109 children, 178 (2.87%) died unvaccinated; 38 (0.61%) had their vaccination postponed by Medical Certificate; 19 (0.31%) were certified to be insusceptible to vaccination; leaving 874 (14.08%) as "removed," "not found," or otherwise unaccounted for as regards vaccination.

Year	Births	Vaccinated No. %	Objections No. %	Died un- vaccinated No. %	Vaccination Postponed No. %	Insus- ceptible No. %
1929	4752	1889 38.8	2459 57.1	253 4.9	38 0.8	9 0.2
1930	4667	1943 41.6	2403 51.5	184 3.9	17 0.4	8 0.2
1931	4665	1898 40.7	2364 50.7	225 4.8	30 0.6	19 0.5
1932	4251	1717 40.4	2225 52.3	183 4.3	24 0.6	19 0.5
1933	4178	1660 39.7	2171 52.0	192 4.6	17 0.4	9 0.2
1934	4363	1649 37.8	2427 55.6	150 3.5	18 0.4	13 0.3
1935	4488	1653 36.8	2500 55.7	178 4.0	29 0.7	10 0.2
1936	4789	1701 35.6	2714 56.7	174 3.6	22 0.4	9 0.2
1937	4732	1662 35.1	2648 55.9	167 3.6	37 0.8	5 0.1
1938	4837	1684 34.8	2725 56.3	173 3.6	32 0.6	10 0.2
1939	5247	1891 36.0	2796 53.3	176 3.3	24 0.4	11 0.2
1940	4737*	1746 36.9	2253 47.6	199 4.0	26 0.6	22 0.5
1941	5951	2540 42.7	2363 39.7	247 4.2	45 0.8	36 0.6
1942	6099	2809 46.1	2375 39.0	188 3.1	30 0.5	49 0.8
1943	6121	2704 44.0	2384 39.0	151 2.5	27 0.4	33 0.5
1944	6859	3090 45.1	2616 38.1	226 3.3	20 0.3	13 0.2
1945	5868	2604 44.4	2269 38.5	184 3.1	26 0.4	14 0.2
1946	6208	2807 45.2	2292 36.9	178 2.9	38 0.6	19 0.3

*The Births registered in the No. 3 District (Bromsgrove) were not included in this figure as all the records had been destroyed.

The number of persons successfully vaccinated and re-vaccinated at the cost of the rates during the year ended 30th September 1947, are given in the following Table :—

Number of Successful Primary Vaccinations of Persons			Number of Successful re-vaccinations
Under one year of age	One year and upwards	Total	Total
2380	196	2576	187

MENTAL TREATMENT ACT, 1930.

The County Council continued the arrangement for three Clinics to be held at the Stourbridge, Corbett Hospital, The Birmingham General Hospital and the Worcester Royal Infirmary. Details of the cases and attendances for the year 1947 are given below:—

			Cases	Attendances
STOURBRIDGE.				
Worcestershire	—	—	131	171
Staffordshire	—	—	103	151
Dudley	—	—	44	53
Birmingham	—	—	1	2
Worcester City	—	—	1	2
BIRMINGHAM.				
Worcestershire	—	—	36	41
Birmingham	—	—	122	158
Warwickshire	—	—	18	20
Staffordshire	—	—	3	3
Dudley	—	—	2	2
Coventry	—	—	3	3
Smethwick	—	—	6	7
West Bromwich	—	—	1	1
Salop	—	—	1	1
Leicestershire	—	—	1	1
Worcester City	—	—	5	5
WORCESTER.				
Worcester City	—	—	1	1

In view of the small use of the Clinic at the Worcester Royal Infirmary it was decided that it should be closed on the 24th April, 1947.

In addition to the County Council Clinic at the Birmingham General Hospital, others were held there by arrangement between the Birmingham Authority and the Hospital Committee, a reciprocal arrangement existing by which Worcestershire cases could attend.

Mental Deficiency.

The administration of the duties under the Mental Deficiency Acts is at present undertaken by the Clerk of the County Council.

The proposals of the County Council under Section 51 of the National Health Service Act are included in Appendix A.

It is intended that the administration of the Mental Health Service shall be a duty of the Health Committee as from the appointed day; this is new work for the Health Department and the difficulty of obtaining trained staff who have had previous experience in connection with mental illness will be considerable.

It is unlikely that the proposed Colony for Mental Defectives which is to be provided at Lea Castle, near Kidderminster, will be available for a considerable period. A suggestion that the hutted hospital at Wolverley should be used temporarily was not agreed to by the Board of Control. Efforts are now being made to adapt some of the huts, previously forming part of the Barnsley Hall Emergency Hospital, for the temporary accommodation of mental defectives.

The Council is at present entirely dependent for accommodation for mental defectives on Institutions provided by other Authorities.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

1.—*Laboratory Facilities.*

The County Council established a Laboratory at the Shirehall 50 years ago. Mr. Cecil Duncan was appointed as the first whole-time Officer dealing with duties as County Analyst and as a pioneer in the young service of Public Health Bacteriology; the combined duties have since continued to be undertaken by Mr. Duncan's successors, Mr. H. E. Monk and by Mr. M. M. Love, the present County Analyst.

Negotiations have been proceeding for some time with the Ministry of Health and the Medical Research Council with regard to the splitting of the two services; the Public Health Bacteriology would then be absorbed into the National scheme based on the Worcester Royal Infirmary as the local centre whilst the Public Analyst's Department would, as at present, continue as a County service.

The proposed transfer will probably materialise during the year 1948.

The County Laboratory has over the whole period proved most useful. New premises were constructed shortly before the last war to deal with the increasing demands made on the rapidly developing service.

The Pathological Service, based on the Worcester Royal Infirmary as headquarters, has extended its activities to include branch laboratories at a number of the smaller hospitals in the County. Dr. W. H. McMenemey has, during the period he has been in charge of the service in Worcestershire, developed and in fact, transformed and co-ordinated the service. In country areas there appears to be good reason to suggest that the Public Health Laboratory Service and the Pathological Service should be either amalgamated or very closely associated. The replacement of the postal service, such as largely exists to-day, by a personal service, can best be done by basing the local centres on existing hospitals; shortage of skilled staff alone would make it impracticable to maintain two separate services in small towns or country districts, yet with co-ordination at the centre all the demands of practitioners and hospitals should be efficiently met with a minimum of confusion and at the same time provide the most economical use of skilled staff.

The County Analyst, who is also Analyst for the City of Worcester, has supplied me with the following summary of the work undertaken during 1947 in the County Laboratory :—

The following Table shows the number of examinations made in the County Laboratory during the year 1947.

Chemical Analyses.

Fertilisers and Feeding Stuffs	..	..	..	..	231
Food and Drugs	..	..	..	..	2,698
Miscellaneous	..	..	..	..	91
Sewage and Effluents	..	..	..	..	142
Water	..	..	..	..	1,094
					<hr/> 4,256

Bacteriological Examinations.

Diphtheria	..	..	..	..	..	2,554
Milk, Graded	..	..	..	..	..	2,167
Milk for Tubercle	..	..	..	..	..	79
Miscellaneous	..	..	..	..	..	927
Tubercle (Sputa, etc)	..	..	..	..	..	2,801
Typhoid and Dysentery	..	..	..	..	..	274
Water	..	..	..	..	..	1,581
						<hr/> 10,383

Total number of specimens examined during the year, 14,639.

Of the 2,698 samples of Food and Drugs, 2,607 were taken either as formal or informal samples under the Food and Drugs Act, 1938.

Of these 1,910 were samples of Milk, of which 142 were adulterated.

Of the remaining 697 miscellaneous samples of food and drugs, 65 were adulterated.

The average composition of all samples of milk examined was Fat 3.71 per cent. and Solids not fat 8.77 per cent.

The percentage adulteration of all samples was 7.9 and of milk 7.4.

The Milks examined bacteriologically (apart from the samples specially examined for T.B.) are divided as follows:—

Accredited	..	..	..	..	763
Heat Treated	..	..	..	..	655 111
Pasteurised	..	..	..	..	457
Sterilised	..	..	..	..	58
Tuberculin Tested	..	..	..	..	111 655
Undesignated	..	..	..	..	123
					<hr/> 2,167

Of the 79 samples of milk examined for the Tubercle bacillus, one was positive.

Under the Gas Undertakings Acts, the number of testings made by the County Gas Examiner, of gas supplied by the various Gas Undertakings in the County was 410.

Infectious Diseases.

Table 2 gives information as to the incidence of infectious disease in each county district.

Smallpox.

The occurrence of a few cases of this disease in the Midland area resulted in a few suspect cases coming under review.

Although there were no confirmed cases in the county, one suspect in the Bromsgrove area was transferred to hospital pending the results of special tests which fortunately were returned as negative.

Measles.

This disease was very prevalent in almost every district in the County. There were 4,180 cases notified with a resultant 8 deaths.

Whooping Cough.

Although not so widespread or so heavy in incidence as measles, this also caused 8 deaths.

Poliomyelitis.

There were four deaths in the sixty notified cases. Unfortunately little is known with certainty of the mode of spread or the reason for the widespread distribution of a relatively small number of recognised cases.

The first cases occurring in Worcestershire were in late May, 1947. These early cases were of some interest as it was possible to get some connection or contact between the notifiable cases; further in a public school, where a number of boys in one House had a febrile illness (influenzal in type with naso-pharyngitis), only one of the members subsequently developed paresis and was a notified case, although it is difficult to believe that all were not attacked by a similar condition. The later cases could not be traced to any previously recognised cases.

Although most districts in the County had a few cases, there appeared to be a difference in the severity of the type of infection encountered in different districts.

Diphtheria.

The incidence of Diphtheria continues to fall, but six deaths in 81 notified cases is not a record to be satisfied with in 1947.

There is no doubt that the immunisation campaign is doing all that was promised and can be expected. I have no doubt that if this preventive inoculation, which depends upon the better response from the individual families, is extended to a greater number of the County residents, the almost complete prevention of deaths from diphtheria in the County can be achieved.

The following information has been supplied by Dr. R. L. Corlett, Medical Officer of Health for the Borough of Stourbridge:

The total number of children in the Borough who have now been immunised is as follows:—

<i>Year</i>	<i>Alum Precipitated</i>		<i>Toxoid Anti-toxin</i>		<i>Total</i>
		<i>Toxoid</i> <i>2 inj.</i>		<i>Mixture</i>	
1935	..	—	..	3	3
1936	..	—	..	—	—
1937	..	247	..	46	293
1938	..	201	..	23	224
1939	..	61	..	35	96
1940	..	—	..	112	112
1941	..	65	..	1397	1462
1942	..	17	..	1806	1823
1943	..	563	..	71	634
1944	..	507	..	—	507
1945	..	671	..	—	671
1946	..	536	..	—	536
		<hr/> 2868 <hr/>		<hr/> 3493 <hr/>	<hr/> 6361 <hr/>

TABLE 2

District	Cerebro Spinal Fever		Scarlet Fever		Diphtheria and Membranous Croup		Enteric Fever		Puerperal Pyrexia		Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		Ophthalmia Neonatorum		Acute Poliomyelitis and Polio Encephalitis		Pneumonia		Encephalitis Lethargica		Measles		Whooping Cough		Dysentery		Malaria	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (b)	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (a)	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Urban																														
Bewdley Borough ..			3						1		1						3	2	2	1										
Bromsgrove ..			44		8				2		14	14	5	1			4		8	12			83		24					
Droitwich Borough ..			5		1						1	1							2	4			185	1	36		2			
Evesham Borough ..			2						1		10	5		2			1		2	4			75		13					
Halesowen Borough ..	2		31		6						34	16	5	5			1		14	2			188		60					
Kidderminster ..	2		37		2				10	1	24	15	1	4					21	17			308	1	18					
Malvern ..			125		5						15	6	2	4	2		5		11	14		1	644	1	65	1				
Oldbury Borough ..	1		115		11	1	2		8		52	27	10	4	3		7		50	7			216		87		1			2
Redditch ..		1	32		1				2		15	14		1	2		9		62	26	2		780	3	60		21	1		
Stourbridge Borough ..			53		30	2			11		32	21		4			1		3	14	1		287	1	27	1	1			
Stourport-on-Severn ..	5		5				3		6		6	6		1	1		2	1	5	12	1		215	1	47					
																			4	3			247		89					
Totals ..	10	1	452		64	3	5		41	1	204	125	29	22	13		32	3	182	112		6	3228	8	526	2	25		2	
Rural																														
Bromsgrove ..	5	1	24		1		1			1	9	4	3	1			5	1	13	7			254		63		1			
Droitwich ..			13				1				8	3	1		1				3	7			101		29					
Evesham ..	3	1	7							1	5	8	3	1			6		14	4			107		31	1	3			
Kidderminster ..			26							2	5	1	2	3	1		5		15	3			160		33	1				
Martley ..			23								10	8	2	1			5		10	2			158		54	1	1			
Pershore ..			21		7	1					13	11	2	3			1		1	7		1	53		11	2				
Tenbury ..			1								3		1				5		4				46		2		1			
Upton-on-Severn ..			20		9	2					9	6	2				1		6	9			73		18	1	1			
Totals ..	8	2	135		17	3	2		4	1	62	41	16	9	2		28	1	66	39		1	952		241	6	7			
Grand Totals ..	18	3	587		81	6	7		45	2	266	166	45	31	15		60	4	248	151		7	4180	8	767	8	32		2	

(a) The deaths refer to all cases of fever, including those which were not reported.

(a) The deaths refer to all cases of pneumonia, not only those which are notifiable.

(b) The deaths refer to cases of Puerperal Sepsis.

These figures exclude Non-Civilians.

Of the children immunised during the year 449 were of pre-school age.

At the end of 1946 it was estimated that 49% of children of pre-school age had been completely immunised, and 80% of those of school age.

NOTE.—During the years 1935, 1936 and 1937, some 3,009 children were given one injection of Alum Precipitated Toxoid. These figures have now been omitted from calculations of the number of children in the Borough completely immunised.

TABLE SHOWING THE INCIDENCE AND SEVERITY OF DIPHTHERIA

<i>Year</i>	<i>Total Cases</i>		<i>Deaths</i>		<i>Case Mortality Rate</i>	<i>Immunised Children Cases</i>		<i>Deaths</i>		
1935	..	110	..	18	..	16.3	..	3	..	—
1936	..	33	..	5	..	15.1	..	3	..	—
1937	..	81	..	3	..	3.7	..	6	..	—
1938	..	49	..	2	..	4.08	..	6	..	—
1939	..	40	..	7	..	17.5	..	11	..	—
1940	..	71	..	2	..	2.81	..	9	..	—
1941	..	87	..	5	..	5.74	..	8	..	—
1942	..	21	..	—	..	—	..	2	..	—
1943	..	18	..	1	..	5.5	..	5	..	—
1944	..	25	..	2	..	8.0	..	9	..	—
1945	..	47	..	3	..	6.38	..	11	..	—
1946	..	21	..	1	..	4.76	..	7	..	—
		—		—				—		—
		603		49				80		—
		—		—				—		—

HOUSING.

Housing (Rural Workers) Acts, 1925–1942.

As stated in my last Annual Report, these Acts expired on the 30th September, 1945. No similar provisions have yet been brought into operation. At the end of the year there remained a few applications outstanding where there had been considerable delay in getting the work completed.

The Minister of Health has said that careful consideration to the question of the improvement of existing houses in relation to the housing programme has been given. The Ministry remain of opinion that for the present the most urgent need is to concentrate on the building of new houses with as much labour and materials as can be made available; it is intended, however, to include in their housing programme provision for the improvement of existing houses and to make available financial assistance to Local Authorities in town and country for approved proposals (whether carried out by the Local Authority or by other persons) in order to secure work of a good standard and accommodation at approved rents. Proposals will be worked out in detail in consultation with the Associations of Local Authorities and legislation will be introduced so that facilities may be available as soon as the situation in regard to labour and materials justifies this expansion of the programme.

General.

The survey of rural houses recommended in the Hobhouse Report has continued through the year; perhaps too slowly in one or two districts owing to shortage of staff.

In two districts, however, the survey has been completed, viz., Droitwich and Martley, whose Councils and Officers should be congratulated. In the former district one out of every ten of the 3,138 houses inspected is unfit for habitation and beyond repair at a reasonable cost, whilst in Martley, it is one out of every five. These are very significant figures. The average for the County as a whole is one out of every eight.

In a very interesting report presented to his Council, the Martley Sanitary Inspector dealing with the survey makes the following three points:—

1.—The urgent necessity of allowing sufficient labour and materials for the upkeep and improvement of existing houses.

2.—The necessity for amending the Rent Restriction Acts so that improvements to property can be made possible financially and,

3.—The allocation of new Council houses to occupiers of existing premises which are structurally dangerous or causing ill-health.

I do not think anyone will disagree with these three points. With rents pegged as they are it is becoming more and more difficult for owners to carry out maintenance repairs.

Neither the County Joint Housing Advisory Committee nor any of its technical Committees has met during the year.

The following Table shows the progress made up to the 31st December, 1947, in the rural housing survey.

WORCESTERSHIRE COUNTY COUNCIL.
RURAL HOUSING SURVEY.

RETURN OF HOUSES SURVEYED TO 31st DECEMBER, 1947.

Rural District	Population Mid 1947 (R.G.'s Estimate)	No. of Houses Inspected	CLASSIFICATION OF HOUSES INSPECTED.				Houses included in the preceding four categories which have been noted for action under the Housing (Rural Workers) Acts.	Remarks
			(i) No. %	(ii) No. %	(iii) No. %	(iv) No. %		
Bromsgrove ..	25,230	1,439	471 32.7	431 30.0	458 31.8	79 5.5	31	Survey expected to be completed by 31.12.1948
Droitwich ..	12,330	3,138	1424 45.4	785 25.0	589 18.8	340 10.8	—	Survey completed.
Evesham ..	15,680	1,124	952 84.7	40 3.6	95 8.4	37 3.3	—	Large number of houses still to be inspected.
Kidderminster ..	9,980	1,938	357 18.4	873 45.1	466 24.0	242 12.5	89	Survey completed.
Martley ..	11,570	2,310	279 12.1	882 38.2	686 29.7	463 20.0	195	Survey expected to be completed by 31.12.48.
Pershore ..	14,530	985	114 11.6	283 28.7	420 42.6	168 17.1	246	Survey expected to be completed by 31.12.48.
Tenbury ..	5,510	774	159 20.5	308 39.8	172 22.2	135 17.5	—	No date given for completion.
Upton-on-Severn	12,710	944	40 4.2	273 28.9	469 49.7	162 17.2	83	
Totals and Averages ..	107,540	12,652	3,796 30.0	3,875 30.6	3,355 26.5	1,626 12.9	644	—

The percentages should not be taken too seriously at this stage of the survey as a certain amount of selection has been exercised by Upton-on-Severn for example who have omitted houses which are obviously fit.

CLASSIFICATION

- (i) Satisfactory in all respects.
- (ii) Minor defects.
- (iii) Requiring repair, structural alteration and improvement.
- (iv) Unfit for habitation and beyond repair at a reasonable cost.

WATER SUPPLIES AND SEWERAGE

SCHEMES ON WHICH OBSERVATIONS OF THE COUNTY COUNCIL HAVE BEEN GIVEN
UNDER THE RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

WATER SUPPLY.

<i>District</i>	<i>Area covered by or nature of scheme</i>	<i>Estimated cost</i>	<i>Present position</i>
Bromsgrove R.D.	1-9 Nine schemes for Great Dodford, Holt End, Upper Bentley, Stoke Pound and Whitford Bridge, Walton Pool, Wildmoor, Madeley Heath, Tanners Green and Inkford, Packhorse Lane and Baccabox Lane	£26,013	
do.	10. Extension of Tanners Green and Inkford scheme to include a supply to Wythall C. of E. Junior Mixed School	£1,140	
Bromsgrove U.D.	Nine schemes for: 1. Buntsford Hill 2. Fockbury and Worms Ash 3. Wildmoor Lane 4. Kidderminster Road 5. Fairfield Road, Bournheath 6. Little Heath, etc. 7. Beacon Hill 8. Woodrow Lane 9. Holywell Lane	£7,410	Schemes 1 and 2 are completed. In the case of No. 6 the mains are now being laid. The remainder of the schemes have not yet been approved by the Ministry of Health.
Droitwich R.D.	Preliminary report only.		Definite proposals awaited.
Evesham R.D.	Inkberrow, Abbots Morton, Rous Lench, Church Lench, Ashton - under - Hill, Bickmarsh, Cookhill	£54,000	No further action being taken at present. Reservation notice for 120,000 gallons being served on Coventry Corporation.
Kidderminster R.D.	Wolverley, Churchill and Blakedown, Broom and Chaddesley Corbett.	£11,800 (pre-war cost)	Scheme No. 1 regarded as urgent. Tender accepted for Scheme No. 7. Unlikely that remaining schemes will be proceeded with at present.
	Eleven schemes for: 1. Pound Green and West of River Severn, Parish of Arley 2. Kingsford area, Parish of Wolverley 3. Broom Village 4. Hill Pool and Drayton 5. Shenstone 6. Mustow Green and Stanklyn Lane 7. Stanklyn Lane 8. Clows Top, Rock 9. Porch Brook, Rock 10. Greenway, Rock 11. High Oak, Rock	£19,760 (pre-war cost)	

<i>District</i>	<i>Area covered by or nature of scheme</i>	<i>Estimated cost</i>	<i>Present position</i>
Martley R.D.	Part of Martley R.D.	£4,100 (cost of borehole at Astley)	Ministry of Health expect to hold Local Inquiry shortly.
Pershore R.D.	Defford	£6,400	Scheme not pro- ceeded with.
	Defford and Besford	£10,850	Approval of Minister of Health to adver- tise for tenders awaited.
	Scheme in outline for parts of Pershore R.D.	£125,000	District Council have served reservation notice on Coventry Corporation for 75,000 gallons and are negotiating with Worcester City Council for a bulk supply.
Stourbridge Borough	Two Cottages, Pedmore Lane	£1,040	Ministry of Health refused grant.
Tenbury R.D.	Preliminary scheme for Bayton, Eastham, Hanley, Knighton-on-Teme, Kyre, Lindridge (including Ear- diston), Mamble, Pensax, Rochford, Stanford, Stock- ton and Stoke Bliss	£122,812	} District Council de- cided to go ahead with portion only of main scheme (see below).
	Supplementary report to above Portion of main scheme to cover Bayton, Mamble, Clows Top, Newnham Bridge, Lindridge and Ear- diston	£73,159	
Upton-on- Severn R.D.	Croome d'Abitot, Earl's Croome, Hanley Castle, Hill and Croome, Ripple, Severn Stoke and Upton- on-Severn Guarlford	£28,000 £1,100	Contract let County Council have recently sent their observations to the District Council.

SEWERAGE SCHEMES

<i>District</i>	<i>Area covered by or nature of scheme</i>	<i>Estimated Cost</i>	<i>Present position</i>
Bromsgrove R.D.	Dayhouse Bank and Chapman Hill area of the Parish of Romsley	Two alternatives 1. £4,450 (pre-war)	No further action has been taken. Not considered urgent by the District Council.
	Romsley Hill	2. £4,500 (do.) £3,040 (do.)	
	Belbroughton and Clent	£25,890 (do.)	Local Inquiry awaited.
	Joint Scheme for treat- ing sewage from Broom, Hagley and Blakedown Hopwood area, Parish of Alvechurch		Under consideration by the Ministry.
	Extension of sewers in Wythall (7 extensions)	£14,500 (do.) £11,100 (do.)	No further progress made in consequence of uncertain position with regard to zoning Schemes shortly to be submitted to Min- ister of Health.
	Holt End Village	£5,050 (do.)	
Droitwich	Inkford and Tanners Green	£10,400	County Council's observations made recently.
	Preliminary Schemes for:		District Council have had conference with Stratford - on - Avon R.D.C. to see wheth- er joint action is possible. No decision yet made.
	1. Hartlebury		
	2. Ombersley		
	3. Dodderhill		
	4. Crowle		
Kidder- minster R.D.	Detailed Schemes for:		
	1. Crowle	£16,500	} County Council have recently sent their observations to the District Council.
	2. Ombersley	£34,500	
Kidder- minster R.D.	Chaddesley Corbett, Mustow Green, Har- vington and Shenstone	£28,010	Scheme likely to re- main in abeyance for time being.
	Wolverley and Cookley	£32,300	

Local Inquiry likely
to be held shortly.
For Fairfield section
of this scheme, see
paras. 38-42 of the
current Report of the
Rural Water and
Supplies Sub - Com-
mittee.

Rivers Pollution Prevention.

Efforts to prevent the pollution of rivers and streams have continued throughout the year; the County Sanitary Officer (Mr. Owen) has made every possible effort to control existing sources of pollution and to prevent new ones from arising. It is a ceaseless endeavour and, with the limited powers available, very nearly hopeless although it is surprising what has been accomplished informally.

Public attention has been focused more and more on the pollution of rivers and the passage of the Rivers Boards Act through Parliament has been a comparatively easy one.

This Act provides for the establishment of river boards to exercise functions relating to land drainage, fisheries, river pollution and certain other matters. River Boards are to be set up from time to time by Orders and are intended eventually to cover the whole of England and Wales with the exception of one or two areas.

It is thought that the Board for the Severn Catchment area will be amongst the first of the new Boards to be set up.

The River Stour continues to be grossly polluted by spent acid waste from galvanising works and this is probably its main source of pollution. The Beet Sugar Factory at Kidderminster maintained a reasonably good effluent until towards the end of the campaign.

The Oldbury branch of the River Tame continues to be in an unsatisfactory condition and the following is an extract from the Annual Report of the Tame Basin Joint Committee.

Oldbury Borough.

The extent of the pollution, caused by the discharge of partially treated sewage to the River Tame from the Corporation's sewage works at Roway Lane, has been materially reduced since September last, when the rate of dosage of settled sewage on the bacterial filters was increased. This was in the nature of an experiment, as the increased rate was higher than is usually the case for a strong industrial sewage, but the filters have stood up well to the increased load and the effluent has generally been satisfactory.

The effluent to the River Tame from the Tube Works at Broadwell, where the liquid wastes from tube cleaning are neutralised with lime and filter-pressed, has been satisfactory.

In May last it was found that a pipe conveying spent gas liquor from a chemical works to the sewer, after having received preliminary treatment on filtration areas, had been left uncoupled by an employee, with the result that the whole of the flow was passing direct to the River Tame. The discharge was immediately stopped on attention being drawn to the matter.

The River Arrow below Redditch is in reasonably good condition having regard to the particularly difficult trade waste which the new sewage disposal works have to deal with. This question of the preliminary treatment of the trade waste in Redditch will have to be tackled sooner or later.

The pollution of the Carrant Brook by a Factory in Gloucestershire is at last abated. The Factory have put in a modern treatment plant which with proper attention should prevent any further trouble in Worcestershire from this source.

Probably oil pollution is now causing as much trouble generally in the County as was formerly caused by sewage pollution. Scarcely a week goes by without a report being made or an oil pollution discovered.

Sewerage and Sewage Disposal.

The scheme for the construction of sewers and sewage disposal works for the parish of Powick continues although slowly. The importance of this scheme is that it will take the sewage from Powick Mental Hospital, which for years has been a serious pollution of Carey's Brook, a tributary of the Severn. Incidentally this scheme will also have connected to it the sewage from Rushwick in Martley Rural District.

Milk Supply.

The appointed day for the transfer to the Ministry of Agriculture and Fisheries of certain functions of District Councils in relation to the conditions under which milk is produced at the farm, and of the County Council under the Milk (Special Designations) Regulations, has yet to be fixed.

The Act authorising this change was passed in 1944. In 1947 the County Council was informed that owing to the many technical difficulties involved, it was not practicable to bring the Act (Food and Drugs (Milk and Dairies) Act, 1944) into operation this year.

Advice on the design and layout of cowsheds and dairies has been asked for, and given, by both the District Inspectors and the County Sanitary Officer on a scale never before experienced. Large numbers of old and insanitary cowsheds are being modernised, dairies rebuilt or adapted and modern dairy equipment installed. It is probably true that the most powerful incentive behind this activity is the bonus offered for the production of T.T. milk. Would the criticism levelled against the Sanitary Authorities for having failed to carry out their duties under the Milk and Dairies Order of 1926 have arisen if this financial inducement had been available in the pre-war period?

The County Sanitary Officer has been invited to serve on the Sub-Committee of the County Agricultural Executive Committee dealing with the qualitative side of milk production and work under the advisory scheme.

The Milk (Special Designations) Regulations.

The total number of licences operative at the end of 1947 were:—

Tuberculin Tested—

Production and Bottling	..	22
Production	.. ..	113
		<hr/> 135

Accredited—

Production and Bottling	..	22
Production	.. ..	148
		<hr/> 170
		<hr/> <hr/> 305

There has been no large increase in the total number of licences issued but the decrease in the Accredited licences and the increase in the Tuberculin Tested licences is very striking. As will be seen from the following Table, in six years the Tuberculin Tested herds have increased from 33 to 135:—

Number of Milk Licences.

Type of Milk	31.12 1942	31.12 1943	31.12 1944	31.12 1945	31.12 1946	31.12 1947
Accredited	236	210	209	193	185	170
Tuberculin Tested	33	41	72	91	110	135
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Totals	269	251	281	284	295	305
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

During the year two Accredited licences were suspended and two revoked by the County Council. Certain producers stated they had difficulty in obtaining the necessary fuel to carry out the sterilisation of dairy equipment and this matter was referred to the appropriate Ministry.

The above figures I am afraid give no indication of the increase in the administrative work. Records of every animal in a licensed Tuberculin Tested herd have to be kept at the office and the removal and movement of reactors and the routine tuberculin half-yearly testing all have to be recorded.

The following Table shows the number of samples collected during the year by or on behalf of the County Council as the Food and Drugs Authority for the Ministry of Food under Defence Regulation 55G.

Number of Samples during 1947 under Defence Regulation 55G.

	<i>Pass</i>		<i>Fail</i>	
	<i>M.B.</i>	<i>Phos. Test</i>	<i>M.B.</i>	<i>Phos. Test</i>
Pasteurised	130	128	—	2
Heat Treated	41	40	—	1
Sterilised	38	38	—	—

The Government Scheme for scheduling areas under this Regulation in which only certain grades of milk can be sold has not been brought into operation. These grades were to be Tuberculin Tested, Accredited milk from one herd only, and Heat Treated milk. There is no doubt, however, that the object in view has already been reached in the larger towns.

Bonuses are now being paid in anticipation of this scheme by the Ministry of Food to owners of heat treatment plants which are approved and licensed by the Ministry of Food. Pre-licence samples and samples after the plant has been licensed are taken by the County Council as the Food and Drugs Authority, on behalf of the Ministry of Food.

During the year trouble was experienced at one of these licensed depots in that the milk persistently failed to pass the test for efficient heat treatment and the depot was visited with an officer of the Ministry of Food. Whilst there has been an improvement, the matter was still unsatisfactory at the end of the year.

Samples.

The following Table shows the number of samples of designated milk examined during the year.

Grade of Milk	Total No. of Samples	RESULT OF EXAMINATION				
		Pass	Fail	Methy. Blue only	Coli only	Both
Tuberculin Tested	582	521	61	5	—	56
Accredited	755	655	100	5	—	95
Total	1337	1176	161	10	—	151

The above figures show that 10.5% of the Tuberculin Tested milk samples and 13.2% of the Accredited milk samples did not reach the standard of cleanliness required by the Regulations.

The percentage of failures is higher than in previous years, but undoubtedly the high temperatures reached in 1947 have contributed to these results. It is when the temperature gets in the region of 80 degrees that the number of failures increases rapidly.

Each unsatisfactory sample is noted and a further sample collected as soon as possible. This involves considerable travelling and takes much of the Sampling Officers' time.

During the year a complaint was received from a Branch of the National Farmers' Union asking whether it was possible for the result of milk tests to be notified to producers earlier than at present so that in the event of a bad sample the farmer could take immediate steps to rectify matters. Although this was a complaint, it was felt to be very encouraging that such careful notice was taken of these results. Every effort is being made to inform, at the earliest possible moment, farmers of the results of examination of samples of milk.

Biological Samples.

During the year 79 samples of all grades of milk were submitted to the biological test, one being positive.

Pasteurised and Heat Treated Milk.

The following Table shows the number of samples of Pasteurised and Heat Treated milk examined from all sources in the County during 1947.

Type of Milk	Total Number of Samples	Number Satisfactory	Number Unsatisfactory
Pasteurised .. .	319	306	13
Heat Treated .	55	52	3
Sterilised .	58	58	0
Totals .	432	416	16

The Milk in Schools Scheme.

The Scheme has been maintained throughout the County. The difficulties have not been so formidable as during the war years, but there are still a few schools where it has not been possible to obtain a supply.

During the year, with the co-operation of the Area Milk Officer of the Ministry of Food, more and more schools have changed to supplies of pasteurised milk. In the case of Urban schools, this is possible without much difficulty, but frequently in the rural areas this grade of milk is not available.

All school supplies are periodically sampled, the samples being taken at the school. Forty-eight samples collected at schools were submitted to the biological test.

I hope that some day it will be possible to provide a different shaped bottle from the type now in common use. School milk bottles, and indeed the majority of milk bottles, are closed with cardboard discs which do not completely cover the whole neck of the bottle and the recess between the disc and the inside of the neck of the bottle is the unsatisfactory feature. The best type of bottle cap is the metal one which overlaps the lip of the bottle.

The following Table shows the grade of milk supplied to schools under the scheme:—

Grade	Per cent.
Pasteurised milk	87
Tuberculin Tested Milk	8
Accredited Milk	2
Undesignated	3

Information was received that a patient in Birmingham had contracted Undulant Fever, which it was thought was caused by the consumption of raw milk produced in Worcestershire. The assumption proved correct, for on tracing the milk supply contagious abortion was found on the farm. Arrangements were made for the milk from this farm to be pasteurised.

A similar instance occurred in South Worcestershire. It was possible to trace the infection of the patient back to the farm.

If this very troublesome and debilitating illness is to be avoided, pasteurisation provides the complete answer.

Hop-Pickers Accommodation.

The hop-picking season for 1947 coincided, as has previously been mentioned, with outbreaks of poliomyelitis (infantile paralysis) which added a further risk and worry to what is always an anxious time for public health officers in the hop growing areas.

One case of infantile paralysis occurred in the hop fields, a boy aged 12. Nothing unusual in the way of other sickness was noted.

Before the pickers arrived it was thought advisable to discuss what steps could usefully be taken to minimise this particular risk. The Medical Officers of Health and Sanitary Inspectors of the Martley and Tenbury Rural Districts, the County Sanitary Officer and I visited certain hop-fields representative of the various types of accommodation provided. We were accompanied by a representative of a firm of insecticide manufacturers; it is recognised as the result of war experience that insecticides have been developed to a high degree of efficiency.

It has been established that flies can carry infection from latrines to food and thus provide a possible method of spread of this disease. Gross overcrowding ought to be avoided, especially in the large lofts accommodating many persons. The use of as free ventilation as could be provided in living and sleeping quarters is more than ever desirable and, as always, the protection of any local water supply from the risk of pollution, is essential.

A letter was sent to each hop-grower before the pickers arrived, and many, I am informed, were interviewed personally. The response to the extra precautions recommended was good.

With regard to the preliminary treatment of the sleeping quarters by insecticides, it was obvious that very little could be done in the majority of cases by smoke generators owing to the impossibility of making the quarters reasonably gas tight. For instance, a loft is a very difficult building to seal up. In the case of one well-known insecticide the efficiency was known to be reduced in the presence of an alkali. As limewash is by tradition accepted as the "eye wash" of the hop-fields quarters, this particular preparation had distinct limitations, but dusting the latrines with the powder was strongly recommended.

The best results appear to have been obtained by mixing an insecticide not susceptible to lime with the actual limewash, and applying the treated limewash to the walls, ceilings, etc. If the insecticide is sprayed on to the already limewashed surface, the lime absorbs it to a considerable degree; if, however, the treated lime is applied a good surface film of the insecticide is obtained, and an effective method of fly control in kitchens or quarters is achieved. This has been the experience of the Tenbury officials.

During the actual picking season inspections were made at random by the County Sanitary Officer, but daily visits are made by the local inspectors. Generally speaking, the conditions varied little from those noted in former years. The Regional Medical Officer of the Ministry of Health spent a day in the Martley and Tenbury Districts.

Very young children in the hop-fields provide special problems. On one farm, with 300 "full" pickers and 65 "halves," there were 100 young children under 5 years of age. The visitors who come in large numbers to the hop-fields at the week-ends also aggravate the overcrowding in premises and overtax the sanitary accommodation with the result that at these times conditions may be very bad.

In contrast with the wet season during 1946, the weather in 1947 was excellent and on some farms the picking was finished in almost record time. The fields were visited throughout the season by various religious organisations who continued to do much good work. Nursing arrangements were also reinforced in certain areas.

Finally, the good orderly, now almost impossible to replace, is worth his weight in gold to the public health officer, and, I should imagine, to the grower. A good orderly can maintain a high standard of discipline and with it, cleanliness in the sleeping quarters, cookhouse and latrines.

A modification of the hop-picking machine introduced this year has, I am informed, greatly increased its efficiency. At one farm a machine with a total staff of 50 (including foremen, etc.) did the work of 250 pickers, with an added efficiency from the growers' point of view. Progress on these lines may ultimately solve the problems of the hop-fields, but I believe many of the accustomed visitors would regret the passing of the much-criticised "hopping" holiday.

The precautions taken this year as an attempt to reduce the risk of spread of poliomyelitis are the recognised methods for control of the ordinary fly-borne diseases such as dysentery, typhoid fever, diarrhoea, etc., but it must be admitted next to nothing is known about how poliomyelitis is spread or how it may be controlled. The fact that only one recognisable case occurred (I have no reason to think that any subsequent cases was attributable to the hop-fields) is worth noting.

When it is remembered that the floor space allowed is but 20 square feet per adult and 10 square feet per child and that the quarters are badly ventilated, it would seem unlikely that overcrowding—undesirable as it undoubtedly is—plays any appreciable part in the spread of this illness. Further, if the fly actually plays a potent part in the spread, conditions in the hop-fields would be ideal for this to happen. That there were some carriers is proved by the one case occurring; that there were many carriers seems probable, as the pickers were drawn from Midland areas and Wales which did not escape the outbreak.

WELFARE OF THE BLIND.

There was no alteration during the year in the general arrangements for the Welfare of the Blind which have been outlined in previous Reports.

The total number of blind persons on the Register on the 31st March, 1947, was 426, of whom 217 were males and 209 females. The number over 50 years of age was 331 and only 18 were under the age of 16 years, there being none under one year of age. The number of blind persons employed was 57, of whom 13 were in workshops for the Blind, 17 in the Home Workers Scheme. The remaining 27 (not pastime workers) were employed in various occupations and included five in sighted industry.

The new scale of allowances to unemployable blind persons referred to in my Report for 1946 came into operation in April, 1947, the only alteration being that, as agreed at a later Conference of the local authorities concerned, the income of a single blind person (including widow or widower) was to be made up to 35s. od. instead of 30s. od. as originally recommended.

A new and greatly improved scale of salaries for Home Teachers was adopted from the 1st June, 1947.

WORCESTERSHIRE COUNTY COUNCIL
NATIONAL HEALTH SERVICE ACT, 1946

SECTION 22

Proposals as approved by the Minister of Health for the
Care of Mothers and Young Children

PART I

General Statistical Data

1. Total mid-1946 population of the Administrative
County of Worcester — — — — 369,310
2. Total mid-1946 number of children under 5 years — 31,670
3. (a) Registered live births—legitimate 5,990 }
1945 illegitimate 576 } — 6,566
- (b) Registered live births—legitimate 6,506 }
1946 illegitimate 460 } — 6,966

Existing Authorities

M. and C. W. Authority	Population (mid-1946)	Births (1946)
(a) Kidderminster Borough Council	35,670	749
(b) Oldbury Borough Council	51,890	1,003
(c) Worcestershire County Council	281,750	5,214

EXISTING OFFICERS

(a) *Kidderminster Borough*

The Medical Officer of Health holds a joint appointment under the Borough Council and the County Council.

As a County Council officer, he undertakes duties in connection with the school health service, the inspection of midwives and the registration and supervision of nursing homes. As Medical Officer of the Borough, he is the adviser of the Kidderminster Maternity and Child Welfare Committee and has two whole-time health visitors working under his direction on this service.

(b) *Oldbury Borough*

The Medical Officer of Health holds a joint appointment under the Borough Council and the County Council.

As a County Council officer, he is on the staff of the County Medical Officer of Health and is mainly concerned with the school health service of Oldbury. He is the adviser of Oldbury Maternity and Child Welfare Committee and is responsible to that Authority for the inspection of midwives. In these duties he is assisted by the Deputy Medical Officer of Health and an Assistant Medical Officer. There is a Superintendent Health Visitor, who is also Senior School Nurse and non-medical Supervisor of Midwives, and a staff of six health visitors, who divide their time equally between health visiting and school nursing duties.

(c) *County Area*

The County Medical Officer, assisted by a Deputy County Medical Officer, ten Assistant County Medical Officers, a Superintendent Health Visitor and staff of whole-time and part-time Health Visitors, is responsible for the administrative arrangements under the existing maternity and child welfare scheme. The services given by the Medical Officers who undertake combined duties is equivalent to six whole-time officers for the maternity and child welfare scheme. In addition, three general practitioners attend the local infant welfare centres in certain villages and one undertakes duties at an ante-natal clinic.

*Existing Services*A. *Ante-Natal Clinics*

County Area	Kidderminster Borough	Oldbury Borough	Total
(i) Clinic premises 17	2	3	22
(ii) Number of expectant mothers attending 2,642	107	748	3,497
(iii) Sessions per week $20\frac{1}{4}$	2	4	$26\frac{1}{4}$ (=22 weekly plus 8 fort- nightly plus 1 monthly)

Apart from individual cases referred to hospitals or specialists, a regular consultant session has been held monthly for a number of years at the Mary Stevens Maternity Home, near Stourbridge, to which cases may be referred by general practitioners or the Council's own officers. The consultant usually sees about a dozen cases at each session. Transport facilities are provided for patients attending these sessions.

B. *Post-Natal Clinics*

There are no separate post-natal clinics established in the County. Sixty post-natal cases in the County area and twenty in Oldbury Borough were seen at ante-natal sessions.

C. *Arrangements with General Practitioners*

No formal arrangements were operative in 1946 whereby general practitioners undertook ante-natal and post-natal examinations on behalf of the authorities. In one town the ante-natal clinic is attended by a general practitioner and his partner, both of whom are on the staff of the local maternity hospital maintained by the County Council.

D. *Child Welfare Clinics*

	County area	Kidderminster Borough	Oldbury Borough	Total
Number of clinics — —	59	5	3	67
Number of sessions held weekly — —	17	5	5	27
Number of sessions held fortnightly — —	27	—	—	27
Number of sessions held monthly — —	18	—	—	18
Equivalent sessions per week — —	35	5	5	45

E. *Day Nurseries*

	County Area		Kiddermin- ster Borough	Oldbury Borough	Total
	M. & C.W. Committee	Education Committee			
(i) Number of nurseries	3 (at Broms- grove, Redditch & Stourbridge)	3 (2 nursery schools at Redditch 1 nursery class at Halesowen)	—	1	7
(ii) Number of places	110	120	—	35	265

F. Residential Nurseries

There are no residential nurseries maintained by the Maternity and Child Welfare Committees.

G. Mother and Baby Homes

(i) Number—2 (both provided by Worcester Diocesan Moral Welfare Association).

(ii)	<i>Mothers</i>		<i>Babies</i>	
St. Catherine's Malvern	—	18	18	Post-natal only
Greenhill Hostel Kidderminster	—	12	24	Ante-natal, post-natal and nursery
		—	—	
		30	42	
		—	—	

This accommodation is provided for unmarried mothers and their babies. Both Institutions receive grants from the County Maternity and Child Welfare Committee and reserve a proportion of their beds for County cases.

The maternity beds at Greenhill Hostel have been given up recently ; cases are now transferred to maternity units for the confinement and return to the Hostel thereafter.

H. Dental treatment given in 1946

(i) To expectant or nursing mothers	—	—	154
(ii) To children under 5	—	—	64*

The treatment under (i) included extractions, fillings, scalings and the provision of 38 dentures ; all the dentures were provided by the Oldbury Maternity and Child Welfare Committee. No local authority scheme is operative in the Borough of Kidderminster.

*This figure refers to Oldbury. No separate records are available of children under 5 years in the County area, although a few have probably been treated at school clinics.

I. General

The provision of treatment for infants is generally on the same lines as the arrangements made for school children.

(i) All *minor ailments clinics* maintained by the County Education Committee are available for children under 5 ; this includes the cleansing facilities for scabies, etc.

(ii) *Orthopaedic clinics* at Worcester, Birmingham, Kidderminster, Stourbridge and Redditch are available for infants. Arrangements exist whereby consultants from the Birmingham Royal Cripples Hospital visit the last three mentioned towns on fixed dates.

(iii) *In-patients* are treated at Worcester, Kidderminster and the Woodlands Hospital, Birmingham. A massage and remedial exercises centre is provided at Stourbridge clinic, where ultra-violet ray treatment is available.

(iv) *Eye Service*

The specialist ophthalmic surgeons employed by the County Education Committee see children under 5, as and when required, at school sessions. Orthoptic centres have been established at Worcester, Stourbridge and Kidderminster. Arrangements for the operative treatment of ophthalmia neonatorum and squint cases are made with special eye hospitals.

(v) *Treatment at Voluntary Hospitals*

The County Council have for many years made contributions to voluntary hospitals in aid of the services they perform for the aged sick and young children. This arrangement includes hospitals outside the County which are used by County residents. No difficulty is experienced in getting specialist opinion or in obtaining in-patient accommodation for acute medical or surgical emergencies.

(vi) *Infant Welfare Centre Committees*

There are a number of voluntary workers attached to most of the County infant welfare and ante-natal centres who give valuable service at and in connection with the centres. Whilst the intention of the County Council is to accept full responsibility for the provision of the service, they intend to maintain and encourage the voluntary help that may in the future continue to be available. Voluntary workers along with the doctor and health visitor frequently constitute the Centre Voluntary Committee. Such Committees have, in some instances, funds of their own, which are disbursed in such ways as they consider desirable without reference to the County Council. Dried milk, vitamin preparations and maternity outfits are also provided at or below cost price. The Centre Committees arrange for an audit of their accounts to be made annually ; copies of the accounts are sent to the County Council.

The provision of infant welfare centres in small villages presents particular difficulty. The help of local people who assist with their cars is very necessary for the long distance cases.

It is already clear that the cessation of the basic petrol ration will seriously interfere with the efficiency of many small centres and may result in some closures. The centres are of educational value, particularly with regard to vaccination and immunisation schemes. They also provide a means of distributing the Ministry of Food's cod liver oil and other preparations. It may be necessary to utilise some more distant form of transport such as the ambulance service or the hospital car service, if this latter form of transport can be persuaded to continue to function.

PART II

A. *General Arrangements*1. *Administrative Arrangements*

(i) The service will be administered by the Health Committee and such Sub-Committees as they may appoint for the purpose.

(ii) The County Medical Officer assisted by his Deputy, the Chief Dental Officer and other medical and non-medical members of his staff, will

- (a) advise the Committee on the service,
- (b) administer any schemes or arrangements that may be approved by the Committee,
- (c) arrange for co-ordination of this service with other services provided by the Council under the National Health Service Act or any other Act and maintain close co-operation with the services provided by the Regional Hospital Board and its Hospital Management Committees and by the Executive Council.
- (d) take such action as may be necessary in emergency to maintain the service.

(iii) The medical staff at present employed on this service will be continued as under :—

	<i>Number of Medical Officers employed part-time</i>		<i>Equivalent in whole-time Officers</i>
Kidderminster Borough	—	1	$\frac{1}{3}$
Oldbury Borough	—	3	$1\frac{1}{6}$
Worcestershire County Council	—	12	6
		—	—
Total	—	16	$7\frac{1}{2}$
		—	—

In addition, four general practitioners undertake centre or clinic duties.

(iv) The following additions will be provided if possible—

- (a) The services of a part-time paediatrician
- (b) Some extension of the consultant ante-natal sessions
- (c) An additional child welfare officer, or the equivalent of one whole-time officer in part-time officers, including general practitioners.

2. *Joint Arrangements with other Local Health Authorities*

It is intended to continue the arrangement whereby County residents attend the Claines Welfare Centre maintained by the Worcester City Council. Joint arrangements will be made with other Local Health Authorities if the need arises.

Arrangements with Voluntary Organisations

3. (i) *Nursing Associations*

The district nurses, numbering at present 52, who undertake part-time health visiting duties will, on the appointed day, be transferred to the staff of the County Council. The Voluntary Committees of these Nursing Associations will be encouraged to remain in existence ; although they will cease to have any financial responsibility for the maintenance of the service, it is considered they can assist the Council by advice and service and in connection with many village welfare centres.

(ii) *Worcester Diocesan Moral Welfare Association*

It is proposed to contribute in aid of and use the services of the Association described in Section G of Part I. and also the services of the Association in the investigation of cases by trained workers who arrange for help, shelter or special accommodation as circumstances require.

(iii) *Infant Welfare Centre Committees*

The arrangements described in Section I. (vi) of Part I will be continued.

Liaison with other Bodies

4. (i) *County Education Committee*

It is intended that the school medical service and the child welfare service of the Council shall be closely linked. In the main the medical, nursing and treatment services will be uniform.

(ii) *County Childrens Committee*

Close co-operation will be maintained with the Childrens Committee.

(iii) *Regional Hospital Board and Hospital Management Committees*

The Council will approach the Regional Hospital Board to secure proper co-ordination between the Hospital and Specialist Services provided by the Board and the Council's arrangements for the care of mothers and young children. In particular, it is proposed to ascertain which of the specialist facilities for the care of mothers and young children are to be provided by the Board from the appointed day. The Council propose to continue to provide such of these facilities as are not taken over by the Board and to provide such additional similar facilities as may be found necessary. It is intended however that any specialist appointed by the Council should, whenever possible, be not only on the Hospital Staff of the Regional Board, but also on the staff of a hospital under the management committee of the area where the patient resides. The Council consider this proposal would avoid overlapping and save much travelling time and would facilitate the necessary co-operation with any area sub-committee of the Health Committee that may be established.

(iv) *Executive Council*

It is intended to maintain contact with the Executive Council, whose functions will in part overlap those of the Council. The County Medical Officer of Health is one of the Council's representatives serving on this body.

(v) *Combined Medical Appointments*

The advantages of joint appointments between the Council and the Regional Board or the Executive Council are appreciated, but it is unlikely that any such appointments will be possible in the immediate future in a County which is largely rural. The urgent matter will be to see that any specialist staff, such as Obstetricians, Paediatricians, Orthopaedic Surgeons, etc., that may be appointed by the Council are included on the Regional Hospital Board's Specialist Hospital Staff.

B. *Particular Arrangements*

1. *Clinics*

- | | |
|-------|--|
| (a) { | The present ante-natal clinics and welfare centres and sessions will be continued. No appreciable alteration |
| (c) { | is likely, although there may be slight modification before the appointed day. |

- (b) There are no separate post-natal sessions. Until such time as the numbers justify the holding of special sessions, cases will continue to be seen at ante-natal sessions.

2. *Premature Infants*

The Regional Hospital Board will be approached as to hospital facilities. Special equipment for use in the home will be issued on loan; it is hoped to arrange for distribution depots to hold equipment, with other medical comforts, at various points in the County. A lecture demonstration for domiciliary midwives has already been held, dealing with the care of the premature infant in the home.

3. *Dental Care*

This service is at present very incomplete. The provision that will be made will depend on two governing factors:—

Shortage of Dentists

The Education Committee of the Council have appointed a Chief Dental Officer, part of whose time is concerned with administration. It is proposed to establish a county dental service dealing not only with expectant nursing mothers and young children, but also with children attending maintained schools together with other persons for whom the Council are responsible. The staff, at present equivalent to $6\frac{1}{4}$ dentists, will, under the direction of the Chief Dental Officer, deal with cases in all the above categories.

Improved and additional Clinic facilities for Dental Treatment

It is considered impracticable to build new clinics at the present time ; the only solution, namely, adaptation of existing buildings, is being actively pursued. Two of the proposals submitted for ministerial approval include provision for dental workshops, none of which exists on County premises at the present time.

It is difficult to estimate what progress will be possible before the appointed day in overcoming the difficulties mentioned above.

The arrangements contemplated for the priority service for mothers and young children can only be met if extensive arrangements are made with private dental practitioners to undertake treatment on agreed terms at their own premises.

(a) Expectant Mothers

All mothers attending ante-natal clinics will be given the opportunity of being dentally examined ; those who accept will be seen by appointment and the necessary treatment arranged. Where there is no ante-natal clinic, cases referred by doctors or midwives will be dealt with in the same way.

(b) Nursing Mothers

Where treatment required ante-natally cannot be completed before the birth of the baby, or where any special circumstances exist, dental treatment will be arranged by the Council. The " consent cards " will in all instances be referred to the Chief Dental Officer (or a Senior Dental Officer working under his direction) and the case referred by him to a private dentist, who will recommend such treatment as is in his judgment considered necessary for dental fitness, or an appointment made at one of the county dental clinics, as the circumstances require.

(c) Young Children

(i) The dental service available for school children will extend to children under school age. Routine dental inspections of children attending day nurseries or in residential nurseries will be undertaken. The dental staff will treat school children.

(ii) The immediate target figure for the dental service as a whole is an increase from six to twelve whole-time dentists as soon as possible, the ultimate aim being eighteen whole-time dentists. The dental staff apportioned to this particular service is estimated at one to two whole-time officers or the equivalent in part-time officers.

(iii) It is not considered possible to give any estimate on a sessional basis for a mainly rural county such as Worcestershire.

The Council will provide transport or assist in paying the travelling expenses of patients residing in rural areas.

The Council will wish to continue the arrangement whereby selected cases are referred to the Dental Hospital, Birmingham; the Regional Hospital Board (or the University Board of Governors) will be approached in this connection.

(iv) There are at present no dental workshops provided by the Council; the provision of dentures or repairs thereto will be arranged by the Council by their Dental Officer from approved sources.

4. *Supply of Welfare Foods*

The use of centre and clinic premises by officers of the Ministry of Food for distribution of those welfare foods which are included in the Government's Welfare Food Scheme will be arranged whenever possible. The Council will also arrange for other welfare foods to be supplied where the welfare of expectant or nursing mothers or young children so requires.

5. *Provision of Maternity Outfits*

A supply of maternity outfits will be kept in the ante-natal clinics or other suitable places to be supplied for all domiciliary confinements.

6. *Nursery Provision*

(a) *Day Nurseries*

The Council do not contemplate as a health provision any immediate increase in the four Day Nurseries to be maintained on the appointed day by the Health Committee, except for the addition of one to be established in premises which will be adapted in the borough of Oldbury. Further provision will be made, however, if the needs of the service require and circumstances permit.

(b) *Residential Nurseries*

Rigby Hall, Bromsgrove, acquired for a residential nursery, is at present in use as a temporary maternity home. The intention of the Council is to use the premises for the original purpose as soon as maternity cases can be dealt with elsewhere.

It is intended that such residential nursery accommodation as may be required for both long and short-stay cases shall be provided in discharge of the duty placed on the County Council by the Children Act, 1948, and shall be administered in the manner provided in that Act, and any Regulations made thereunder.

(c) No extension of service on these lines is contemplated before the appointed day.

7. *Care of Unmarried Mothers and their Children*

The arrangement with the Diocesan Moral Welfare Association described in section A 3 (ii) of Part II will be continued.

PART III

Development Plan

1. *Residential Nursery Provision*

The removal of healthy children from nurseries in hospitals is recognised as an urgent need. In discharge of their duty under the Children Act, 1948, the Council intend to make at the earliest possible date sufficient 'long stay' and 'short stay' residential nursery provision to meet the needs of all children for whom, through any of their Committees, they are responsible.

2. *Improvement of Dental Service*

The present dental arrangements for the treatment of mothers and young children will be improved by providing better clinic premises and workshops, together with the required staff of dentists, dental attendants and mechanics. The present dental staff of six whole-time and one part-time dentists will eventually have to be trebled by whole-time officers or the equivalent service in part-time officers.

It is proposed to expand and develop these arrangements, as soon as practicable, so as to provide adequate facilities for every expectant mother to be examined by a dentist following her first attendance at an ante-natal clinic ; for the periodical examination of children under the age of five ; and for the necessary treatment to be provided, particular attention being given to conservative treatment.

3. *Ante-Natal and Post-Natal Medical Treatment*

The consultant ante-natal and post-natal sessions will be increased by arrangements made with the Regional Hospital Board. It is hoped that the arrangements will, in course of time, provide for the post-natal service being mainly undertaken by the general practitioner obstetricians, with adequate and convenient specialists' sessions to which cases may be referred.

WORCESTERSHIRE COUNTY COUNCIL
NATIONAL HEALTH SERVICE ACT, 1946
SECTION 23

Proposals as approved by the Minister of Health for the Midwifery Service

PART I

Statistical Data

(a) Domiciliary births 1945	—	—	3,604
(b) Domiciliary births 1946	—	—	3,915

Existing Service

The County Council are the Local Supervising Authority for the purpose of the Midwives Acts 1902—1936 for the whole Administrative County other than the Borough of Oldbury. There is one other Maternity and Child Welfare Authority, namely Kidderminster Borough Council, where by arrangement the provision of midwives and supervisory duties in connection therewith are functions exercised by the County Council.

Existing Domiciliary Midwifery Service

(1) Midwives Directly Employed by the Council

(a) The service in the area comprising Stourbridge Borough was provided by four County Council midwives ; 369 domiciliary confinements were attended during 1946.

The number of midwives has since been increased from 4 to 5.

(b) The service in Oldbury Borough is in part provided by the direct employment of midwives by Oldbury Borough Council and in part through the Oldbury Nursing Association. During 1946, the number of midwives employed directly by the Borough Council varied between 5 and 7 ; 365 domiciliary confinements were attended by these midwives.

(2) Midwives Employed through Agency of Other Bodies

The County Nursing Association, through the 65 affiliated Nursing Associations, together with the Nursing Associations of Kidderminster and Oldbury, which are directly affiliated to the Queen's Institute, provide the main domiciliary midwifery service for the County.

These Nursing Associations normally employ 108 nurses, exclusive of relief nurses and supervising staff employed by the County Nursing Association. The actual number employed at present is 106 ; some of these nurses undertake midwifery duties alone, others district nursing alone, but approximately half of the number do combined duties, including part-time health visiting

in the rural parts of the County. During 1946 approximately 3,000 domiciliary midwifery cases were attended by these nurses. From a scrutiny of the details of the work undertaken by each nurse, it is estimated the service is equivalent to the work of 54 whole-time midwives. This gives an average of 57 cases for each midwife per year.

(3) *Independent Midwives*

Independent midwives play a small part in the domiciliary midwifery service of the County, but only attended 196 births in 1946.

(4) *Supervision of Midwives*

(a) *County Council Area*

The Assistant County Medical Officers, including those who are also Medical Officers of Health, are the Medical Supervisors of midwives in defined districts of the County. The County Council have already approved the appointment of a non-medical County Supervisor of Midwives, but local circumstances make it desirable to defer making the appointment for the time being.

(b) *Oldbury Borough*

The supervision of midwives is undertaken by a Health Visitor ; she holds the joint appointment of Superintendent Health Visitor and Inspector of Midwives. The recent appointment of an additional Medical Officer will facilitate the medical supervision of the midwives' work.

(5) *Transport*

Considerable progress has been made already with improved transport facilities. 28 cars belonging to Nursing Associations are in use. 18 District Nurse Midwives are paid fixed allowances for the use of their own cars on district work. 11 autocycles are provided by Nursing Associations for the use of their nurses.

Two County Council Midwives in Stourbridge are paid an allowance for the use of their cars on County duties.

(6) *Post-Certificate Instruction*

Although it has not been possible to release midwives to attend refresher courses, as was the custom before the war, some progress with gas and air analgesia training has been made ; more than 20 domiciliary midwives held the certificate on 31.12.46 and that number is likely to be considerably increased.

(7) *Housing*

Fourteen houses and four nurses' homes are owned by or on behalf of District Nursing Associations ; in addition twenty houses are rented directly by Nursing Associations for the use of their nurse or nurses.

PART II

Description of the Service which will Operate on the Appointed Day
General Administrative Arrangements

1. The service will be administered by the Health Committee and such Sub-Committees as they may appoint for the purpose.

2. The County Medical Officer of Health assisted by his Deputy and other members of his staff, will—

- (a) advise the Committee on the service,
- (b) administer any scheme or arrangements that may be approved by the Committee,
- (c) provide for the co-ordination of this service with other services provided by the Council and maintain close co-operation with the services provided by the Regional Hospital Board and the Executive Council, and
- (d) take such action in emergency as may be necessary for the maintenance of an efficient service.

3. It is the intention of the Council to employ directly all midwives required for the service. The numbers are expected to be :—

Whole-time midwives at present directly employed			
	(Stourbridge & Oldbury	11	
„ „ „	previously employed by		
	D.N.A.	24	
71 part-time midwives	„ „ „	30	(equivalent of whole-time)
*Relief midwives (as far as available) whole-time or part-time equivalent — — — 2			
Total domiciliary midwives — 67			

* Midwives in independent practice, who are considered suitable, will be given the opportunity of joining the Council's service in either whole-time or part-time capacity.

4. Negotiations are in progress with the County Nursing Association and the District Nursing Associations on the following lines :—

- (a) All district nurses (including midwives) employed by the County and District Nursing Associations would on the appointed day be transferred to and employed by the County Council.
- (b) The expenses in connection with salaries, transport, housing and equipment, etc., would from the appointed day be the direct responsibility of the County Council.
- (c) The Nursing Associations would have no financial responsibility for the maintenance of the future service, but would remain in existence for the purpose of administering their own funds and properties. It is hoped that Voluntary Committees will continue to assist the Council in administering nurses' homes, in finding accommodation for nurses and in connection with local health services, including domestic help, village welfare centres, medical comforts depots for

the locality and in other ways where local knowledge and service are helpful. Representatives of the Associations would be co-opted on the Health Committee or sub-committees of the Council.

5. No joint arrangement with other Local Health Authorities is contemplated. The Council would, however, wish to maintain and improve the supply of midwives for the County and would make such financial payments as may be necessary and agreed by the Minister to the Regional Hospital Board or other Authorities responsible for maintenance of either Part I or Part II Training Schools, used for the training of pupil midwives for the Council.

Arrangements for the Supervision of Midwives

6. The supervision of midwives will continue to be undertaken by the Medical Officers employed (whole-time or part-time) by the Council. Each medical supervisor will be responsible for a specified district in the County. In addition a non-medical supervisor of midwives will be appointed.

Transport

7. The Council intend to maintain and extend as circumstances permit the transport facilities at present available for midwives. The arrangement will include both the actual provision of cars or autocycles, which would remain the property of the Council, and the payment of an agreed allowance to a nurse who owns her own vehicle.

Analgesia

8. The Council will make arrangements to ensure that all midwives employed are enabled as soon as practicable to take their training in approved methods of analgesia. The necessary equipment will be made available to all midwives qualified in its use, and special arrangements will be made for its transport where necessary.

PART III

Development Plan

This will be largely governed by the variations in the birth-rate figure and the extent and use of the maternity bed provision in the area. The policy of the Council will be to improve the transport facilities, giving priority to midwives practising in the sparsely populated rural areas. Whilst it is intended that midwives shall as far as possible undertake midwifery duties only, the continuance of the system of combining the duties of district nurse and midwife will be necessary for the rural parts of the County.

The estimated requirements of the service based on an average of 1 midwife to each 60 domiciliary births, with the necessary relief midwives estimated at 10 per cent of the total, would be 72 midwives and the number employed will be increased accordingly if and when circumstances require and the supply of trained personnel permits. Further additions will be made if the need arises.

The replacement of a number of older midwives will provide one of the early and difficult problems to solve.

WORCESTERSHIRE COUNTY COUNCIL
NATIONAL HEALTH SERVICE ACT, 1946
SECTION 24

Proposals as approved by the Minister of Health for the Health
Visiting Service

PART I

Statistical Data

1. Area of the Administrative County of Worcester 685 sq. miles
2. Total mid-1946 population — — — 369,310
3. Number of births in 1946 — — — 6,966

Existing Services

1. The existing service is provided by three Maternity and Child Welfare Authorities—

Authority	Population (mid-1946)	Live Births (1946)
(a) Kidderminster Borough Council — —	35,670	749
(b) Oldbury Borough Council — —	51,890	1,003
(c) County Council — — —	281,750	5,214

(a) *Kidderminster Borough*

There are two Health Visitors employed by the Kidderminster Borough Council on Maternity and Child Welfare duties alone. They undertake duties at the five infant welfare centres as well as home visiting.

There is also a County Council School Nurse. The visiting of tubercular cases is undertaken by a Health Visitor employed by the County Council.

(b) *Oldbury Borough*

There is a Superintendent Health Visitor and Senior School Nurse employed by Oldbury Borough Council, who is also non-medical supervisor of midwives. There are in addition six Nurses undertaking combined school nursing and health visiting duties. One holds the health visitor's certificate and the remaining five are S.R.N. and S.C.M. Three of this number are either taking or have taken steps to obtain the health visitor's certificate.

The visiting of tubercular cases is undertaken by a Health Visitor employed by the County Council.

(c) *County Council*(i) *Direct Employment*

The combined system of one officer undertaking all duties in connection with health visiting, school nursing and the visitation of tubercular patients is adopted in this County to a large extent. There are a Superintendent Health Visitor and a Senior Health Visitor (whose duties are mainly concerned with the supervision of part-time health visiting undertaken by District Nurses) and twenty-four other whole-time Nurses employed directly by the County Council.

Eighteen of these latter hold the health visitor's certificate, three are approved by the Ministry of Health and the remaining three are state-registered Nurses.

(ii) *Worcestershire County Nursing Association (as agents for the County Council)*

There are 52 District Nurses employed by District Nursing Associations undertaking part-time health visiting duties in the rural areas of the county. These are equivalent to 12 whole-time health visitors undertaking combined duties in connection with school nursing and the visiting of tubercular patients, as well as maternity and child welfare health visiting. The following table shows a sub-division of these 12 officers as the equivalent of 7 health visitors, 3 school nurses and 2 tuberculosis nurses.

2. *Health Visiting, School Nursing and Tuberculosis Nursing Staff*

<i>Authority</i>	<i>Number of Officers</i>	<i>Equivalent Whole-time Officers</i>		
		<i>M. & C.W.</i>	<i>School</i>	<i>Tuberculosis</i>
Kidderminster Borough	3	2	1	—
Oldbury Borough	7	* $3\frac{2}{3}$	$3\frac{1}{3}$	—
Worcestershire County Council				
(i) direct	26	15	8	3
(ii) through voluntary agencies	52 part-time equivalent to 12 whole-time	7	3	2
Total	— 88 part-time, equivalent to 48 whole-time	$27\frac{2}{3}$	$15\frac{1}{3}$	5

* The Superintendent Health Visitor is also an Inspector of Midwives.

3. *Duties*

The Health Visitors undertake the routine home visiting and attend the welfare centres and ante-natal clinics in their own areas ; in addition they visit and report on mental defectives and at present act as child life protection officers and report on the circumstances of children received in households pending adoption orders being made.

4. *Transport*

Sixteen of the whole-time Health Visitors have cars and one has an autocycle, for which each is receiving a mileage allowance for use in connection with County Council duties.

There are also 46 cars (provided either by the Nurses or the employing Voluntary Associations) which are used by District Nurses ; most of these are in rural areas where the Nurse undertakes part-time Health Visiting duties on behalf of the County Council.

5. *Training and Supply*

The County Council arranges for the training of three Health Visitors each year at the Birmingham Training Centre. The Student Health Visitors are selected after advertisement and are required to work in the County for 12 months after obtaining the Health Visitor's certificate. Part of the training is undertaken in the County areas around Birmingham, including Worcestershire. Oldbury Borough Council also train one Health Visitor each year under similar arrangements.

6. *General*

Health Visitors are encouraged to undertake health education work both in centres and outside. Some Health Visitors give mothercraft instruction at schools, some give talks to Women's Institutes and other bodies. Immunisation propaganda is in the main undertaken by Health Visitors.

Meetings of Health Visitors are held regularly at headquarters. From time to time lectures are held and courses attended by selected Health Visitors.

PART II

Description of the Service which will Operate on the Appointed Day

General Administrative Arrangements

1. (i) The service will be administered by the Health Committee and such sub-committees as they may appoint for the purpose.

(ii) The County Medical Officer of Health, assisted by his Deputy and other members of his staff, will

- (a) advise the Committee on the service,
- (b) administer any scheme or arrangements that may be approved by the Committee,
- (c) provide for the co-ordination of this service with other services provided by the Council and maintain close co-operation with the services provided by the Regional Hospital Board and the Executive Council, and
- (d) take such action in emergency as may be necessary for the maintenance of an efficient service.

(iii) In pursuance of the Act the scope of the Health Visiting Service will be the visiting of persons in their own homes for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.

(iv) Arrangements will be made if practicable for all nurses employed by District Nursing Associations from the appointed day to be directly employed by the County Council. This change of employment will not alter the general arrangements, whereby nurses working in rural areas may continue to undertake combined duties in connection with district nursing, health visiting and midwifery; but some revision will be made as early as practicable to replace by whole-time Health Visitors the combined service in the smaller towns.

(v) The present policy of using the services of one Health Visitor to visit all members of the same family, including children of school age and under, will be continued.

2. (i) The table in paragraph 2 of Part I indicates that there are the equivalent of 48 Nurses undertaking health visiting, school nursing and tuberculosis visiting at the present time; this gives an average of one Health Visitor, for all purposes, to rather more than 8,000 persons. If school nursing is excluded, the average is one to 11,000 and, if tuberculosis aftercare is also excluded, one Health Visitor to 13,000.

(ii) It is proposed to continue and even extend the arrangement whereby combined duties are undertaken by Health Visitors, so that there may be complete integration of the maternity and child welfare and school health services. The figures below relate solely to Health visitors proposed to be directly employed on the appointed day on maternity and child welfare duties, excluding both school nursing and tuberculosis aftercare :—

Whole-time Maternity and Child Welfare — —	4	equivalent whole-time	4
Whole-time Health Visit- ors—part-time Matern- ity and Child Welfare —	29	„ „ „	16
Part-time Health Visitors —part-time Maternity and Child Welfare —	52	„ „ „	7
Additional Trainees avail- able April, 1948 —	3	„ „ „	2
Anticipated staff July 5th 1948	4 whole-time 84 part-time	} equivalent to	29 whole-time Health Visitors

3. No arrangement is contemplated for any Health Visitors to be provided by voluntary organisations after the appointed day.

4. No arrangements are contemplated with any other Local Health Authority.

Transport

5. The existing arrangements whereby whole-time and part-time Health Visitors use motor transport will be maintained and extended so far as circumstances permit.

PART III

Development Plan

The ultimate aim is to provide a completely integrated service covering health visiting, school nursing and tuberculosis aftercare staffed on the basis of one whole-time Health Visitor for each 5,000 of the population together with a further margin of 10 per cent. to meet emergencies such as sickness, holidays and post-certificate instruction, including refresher courses. The number of Health Visitors employed will as a first step be increased when the supply of trained personnel permits, up to a maximum establishment of 60. This will allow for the number of 29 to be employed on maternity and child welfare at the appointed day to be increased up to a maximum of 36.

The immediate aim will be to make use of all such trained officers as can be obtained ; in addition by such practices as improved transport facilities and controlled and limited dilution considerable economy will result. An example of the latter would be the employment of less skilled persons working under the direct supervision of Health Visitors at welfare centres, cleansing stations and in connection with preparations for medical inspections. There will also be the fullest co-operation with other services provided by the County Council, including the mental health services.

WORCESTERSHIRE COUNTY COUNCIL
NATIONAL HEALTH SERVICE ACT, 1946
SECTION 25

Proposals as approved by the Minister of Health for the
Home Nursing Service

PART I

- | | | | | | | |
|----|---|---|---|---|---|---------|
| 1. | Area in square miles of the Administrative County of
Worcester | — | — | — | — | 685 |
| 2. | Total mid-1946 population | — | — | — | — | 369,310 |

PART II

Description of the Service which will Operate on the Appointed Day

General Administrative Arrangements

1. The service to be provided by the Council on the appointed day will be similar to that in operation at present through the agency of Voluntary Associations covering the whole County, but the nurses will be directly employed by the County Council.

2. There are 67 Nursing Associations, 65 of which are affiliated to the County Nursing Association, the remaining two (Kidderminster and Oldbury) being affiliated directly to the Queen's Institute. The County Nursing Association employs a County and Deputy County Nursing Superintendent, together with a supply of relief nurses, when obtainable; at present these relief nurses are more usually employed on filling permanent vacancies than for the intended purpose of holiday relief, refresher courses, and short period emergencies.

3. The staff employed by the Nursing Associations undertake midwifery duties, home nursing and part-time health visiting. Some, however, only undertake midwifery, others district nursing, but approximately one half undertake all three types of duties in their own areas.

4. The permanent nursing staff employed by all District Associations is 108; there are 2 vacancies unfilled at present. Of this number, 13 nurses undertake home nursing duties alone, 19 combine these duties with midwifery and 52 undertake all duties. The equivalent of whole-time district nurses represented by 71 nurses undertaking part-time duties is 29, which with the 13 whole-time district nurses gives an equivalent of 42 district nurses. During the year 1946 these nurses attended 6,772 general cases making 120,104 visits in connection therewith. This is equivalent on an average to 161 cases and 3,000 visits for each of the estimated 42 district nurses.

Use of Voluntary Organisations

5. Negotiations are in progress with the County Nursing Association and District Nursing Associations on the following lines :—

- (i) All district nurses employed by the County and District Associations would on the appointed day be transferred to and employed by the County Council.
- (ii) All expenditure on salaries, housing, transport and equipment, etc., for the nurses would be the direct responsibility of the County Council.
- (iii) The Nursing Associations would have no financial responsibility for the maintenance of the future service, but they would remain in existence for the purpose of administering their own funds and properties. It is also hoped that Voluntary Committees will continue to assist the Council in administering nurses' homes, in finding accommodation for nurses and in connection with local health services, including domestic help, village welfare centres, medical comforts depots for the locality and in other ways where local knowledge and service are helpful. The Council would, where necessary, reimburse to Nursing Associations, expenses necessarily incurred by them for such purposes.
- (iv) Representatives of the Voluntary Associations would be co-opted on to the sub-committees of the Health Committee of the Council dealing with the various nursing and other personal services.

Organisation of the Service

6. (i) The service will be administered by the Health Committee and such Sub-Committees as they may appoint for the purpose.

(ii) The County Medical Officer, assisted by his Deputy and other members of his staff will—

- (a) advise the Committee on the service
- (b) administer any schemes or arrangements that may be approved by the Committee
- (c) provide for the co-ordination of this service with other services provided by the Council under the Act and maintain co-operation with the services provided by the Regional Hospital Board and the Executive Council.
- (d) take such action in emergency as may be necessary for the maintenance of an efficient service.

(iii) The County Nursing Superintendent, her Deputy and staff will as from the appointed day be employed by the County Council on the staff of the County Medical Officer of Health. The County Nursing Superintendent will, under the general supervision of the County Medical Officer, administer and develop the Home Nursing Service and through her deputy and other senior nurses be responsible for the efficiency and, as far as is practicable, the sufficiency of the service.

7. The intention of the Council will be to continue the principle of grouping of nursing districts with such modification as they may consider desirable. This will produce economy in the use of nurses and a more even distribution of work and at the same time allow of emergency work being undertaken during the off-duty times of the nurses. Apart from these minor alterations, the policy will be to try to obtain additional nurses both whole time or part-time and to make the best use of the services of trained nurses by providing assistant nurses to work under their direction.

8. *Transport.* It is the intention of the Council to maintain and as far as may be practicable extend the transport facilities already available for district nurses.

PART III

Development Plan

Whilst the introduction of a complete medical service without direct payment by the user will increase the demand for the home nursing service, the extent of the future demand cannot at present be fully estimated. Such factors as the sufficiency of the hospital provision and the continuance of the supply from employment agencies of nurses who are required for types of patients needing a 24-hour service will materially affect the extent of the provision to be made. The present staff covers the whole county. The average works out at one home nurse to every 9,000 persons. The Council propose to develop the service on the assumption that one home nurse (or equivalent part-time) will be required for 6,000 of the population.

WORCESTERSHIRE COUNTY COUNCIL

NATIONAL HEALTH SERVICE ACT, 1946

SECTION 26

Proposals as approved by the Minister of Health for the
Vaccination and Immunisation Service

PART I

Statistical Data

1. Total mid-1946 population : 369,310.
2. Mid 1946 child population :

(a) Under 5 : 31,670	(b) Ages 5-15 : 51,630.
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3. Number of registered live births :

1945 : 6,566	1946 : 6,966.
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4. Estimated percentage of mid-1946 child population who had been immunised against diphtheria up to 31st December, 1946.

(a) Under 5 : 48.6%	(b) Ages 5-15 : 68.4%
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5. Estimate of the number of vaccinations against smallpox and immunisations against diphtheria of children aged 0-15 years which are likely to be undertaken in the year to 31st March, 1949.

Vaccinations : 3,000	Immunisations : (a) Primary	6,578
	(b) Reinforcing	3,948

PART II

DIPHTHERIA. IMMUNISATION

A. *Children under Five*(a) *General plan to secure Immunisation of Infants under the Age of 12 months.*

In each county district but two a district medical officer of health who is also an assistant county medical officer, and in the remaining two county districts the borough medical officer of health, will, under the general direction of the County Medical Officer of Health, be responsible for the immunisation scheme. Every parent will have the option of having his child immunised by his private doctor or at a session to be arranged by the County Council. Where the parent wants the work done by a private doctor and names the doctor, the doctor will be invited to do the work by the medical officer. Where the parent wants the child done at a session arranged by the County Council the medical officer will arrange for the child to attend a session.

(b) *General Plan on which Sessional Arrangements will be provided according to Local Requirements.*

Sessions will be held at welfare centres and school clinics. Such sessions have been held in the past all over the county and the public are well aware of them. They will be supplemented where necessary.

(c) *Encouragement of Immunisation*

Health visitors or school nurses will bring to the notice of parents the need for immunisation of their children and the arrangements which have been made. The parents of all children will be approached between the ninth and twelfth month of age.

Health Visitors will be expressly charged with responsibility for making every effort to secure the immunisation of the children under school age in their respective districts of duty, for collecting forms of consent from the parents, and for keeping such note with regard to these children as will enable the Health Visitor to carry out this part of her work systematically.

(d) *Publicity regarding Facilities for Immunisation*

Lists of routine clinic sessions will be made known by notices at infant welfare centres and school clinics and in handbooks which may be prepared for issue to general practitioners and other persons. Registrars of Births will be asked to hand leaflets to each person registering a birth.

(e) *Maintenance of Local Propaganda*

Where the response is poor, special methods of propaganda will be adopted based on the type of district. National publicity material will be used at infant welfare centres and school clinics.

B. *Children of School Age*

(a) *General Plan to secure the Immunisation of Children of School Age*

(b) *General Plan on which Sessional Arrangements will be provided according to Local Requirements*

(c) *Encouragement of Immunisation*

The services of Teachers will be invoked to encourage Immunisation

(d) *Publicity regarding Facilities for Immunisation*

(e) *Maintenance of Local Propaganda*

The same proposals apply in the case of school children as in the case of those under school age.

(f) *Arrangements for Reinforcing Injections to Children Primarily Immunised in Infancy*

Information will be made available to the school medical service when a child is admitted to school as to immunisation in infancy. At the first medical inspection after entering school, the parent will be invited (a) if the child has not been immunised in infancy to have it immunised either privately or at a session, or (b) if the child has been immunised to allow the child to have a "booster" dose, subject to sufficient time having elapsed since primary immunisation.

The arrangements for reinforcing injections will operate in relation to the whole period of school life and not be necessarily confined to the age of entry.

C. *Records and Payment of Fees*

The Council will require medical officers and general practitioners taking part in its arrangements to furnish particulars for record purposes in such standard form as may be recommended by the Ministry. On the basis of receiving such particulars the Council will pay fees to general practitioners on such scales, according to circumstances, as are agreed upon between the Ministry and the profession.

D. *Medical Arrangements*

The Council will give an opportunity to every practitioner providing general services in their area under Part IV of the Act to provide services also under their arrangements for diphtheria immunisation. This opportunity will also be given to general practitioners who do not intend to provide services under Part IV.

The Council will make all necessary use of the services of its own Medical Officers in administering its arrangements and in the carrying out of immunisation at clinics or other centres. By arrangements with the Authorities of County Districts it will also have recourse to the services of district Medical Officers of Health where these are not also Assistant County Medical Officers, in the same way in so far as they may be necessary to maintain an adequate and satisfactory immunisation service in every part of the Council's area.

SMALLPOX

A. *Infant Vaccination*

(a) The Council will make arrangements for the performance of infant vaccination in individual cases by general practitioners taking part in the Council's scheme.

It will also make arrangements, if necessary, for special sessions for infant vaccination to be held at child welfare clinics or other centres. The Council will take steps to ensure that the advisability of infant vaccination is brought to the notice of parents of newly-born children.

(b) If sessional arrangements are found to be required they will be made in the light of local needs and circumstances.

(c) The Council will expressly urge midwives and health visitors in particular, and all other persons whose duties afford them appropriate opportunity, to encourage infant vaccination: and will make administrative arrangements with a view to relating the action taken towards securing vaccination to the registration of births.

(d) The Council will keep the public constantly informed of the facilities provided for free vaccination.

(e) The Council will adopt such measures of health education in the matter of infant vaccination as may be appropriate, and will have regard in this respect to such advice as may be given by the Minister.

B. *Records and Payment of Fees*

The same arrangements will apply as under Diphtheria Immunisation.

C. *Arrangements in the Event of an outbreak of Smallpox*

It is considered that with general practitioners willing to undertake sessions, and the medical officers of health and assistant county medical officers, who would not necessarily be restricted to their own area, adequate manpower would be available for dealing with any emergency likely to arise.

The Council will have arrangements in readiness for setting up emergency vaccination stations and will arrange for the public to be advised about vaccination (or re-vaccination) as a precaution and to be fully informed of all the facilities available, including the services of the family doctor.

D. *Medical Arrangements*

These will be the same as for immunisation.

WORCESTERSHIRE COUNTY COUNCIL
NATIONAL HEALTH SERVICE ACT, 1946
SECTION 28

Proposals as approved by the Minister of Health for the
Prevention of Illness, Care and After-Care

PART I

A. *Tuberculosis*

1. *Joint Arrangements with Regional Board and Hospital Management Committees*

It is the intention of the Council to approach the Regional Hospital Board with the object of making joint appointments of Tuberculosis Officers so that the hospital and specialist services to be provided by the Regional Hospital Board and Hospital Management Committees may be linked up with the measures taken by the Council for prevention, care and after-care. The Tuberculosis Officers would under such an arrangement be concerned not only with the diagnosis and treatment of patients but, as part-time Officers of the Council on the County Medical Officer's staff, with the necessary measures for prevention and care.

2. *Routine Visiting of Patients*

The routine visiting of tubercular patients in their homes will continue to be undertaken by the health visiting staff; the nurses at present undertaking these duties include one whole-time health visitor and a number of health visitors and district nurses undertaking part-time duties equivalent to a further 4 whole-time nurses. (Details are set out in the health visiting proposals under Section 24). The Nurses employed on this service would, as far as possible, maintain contact with the Tuberculosis Officers by attending at tuberculosis dispensaries or hospital centres. Whether they will undertake any nursing duties at these Centres will depend on decisions arrived at after consultation with the Regional Hospital Board and its Management Committees.

3. *Prevention of Tuberculosis*

The Council intend to continue, and, as far as may be possible and necessary, extend the following measures—

- (i) The provision of shelters for use of patients at home, and where necessary, the issue of beds and blankets on loan,
- (ii) Propaganda and educational work, including contributions to voluntary bodies and other organisations for services provided in the form of lectures, films, leaflets, etc.
- (iii) The provision of sputum cups or bottles and paper handkerchiefs; and arrangements for the disinfection of premises or bedding when required,

- (iv) Co-operation with the Regional Hospital Board in mass radiography surveys for such selected age groups of children or workers as may be possible in a mainly rural County.
- (v) The taking of steps to secure that tuberculosis contacts are brought under examination through the Regional Hospital Board's facilities.
- (vi) Arrangements for the removal of infants or young children, with the parents consent, to convalescent homes, foster homes, or the homes of friends or relatives in instances in which the Council are satisfied that such course is necessary to prevent infection in the house or on grounds of general need.

4. *Workshops, Settlements, etc.*

The Council consider that it is not possible on geographical grounds to provide any independent county arrangement but they would co-operate with the Ministry of Labour and adjoining Authorities in any combined scheme for establishing workshops providing sheltered employment for ex-patients. The Council would wish to continue to use, for suitable patients, the training facilities provided at colonies such as Papworth and would endeavour to assist in the provision of the initial and necessary equipment for 'home workers' who intend to follow a new home occupation which the Council consider to be suitable on health grounds and in which the worker is considered to be reasonably efficient.

5. *Night Sanatoria*

No such provision is contemplated.

6. *Care Committees*

There are six Care Committees established at present. The constitution of the Committee in each instance includes equal numbers of County Councillors and District Councillors with power to co-opt a limited number of other persons; each Committee appoints its own Chairman and Secretary. The areas concerned are Oldbury, Halesowen, Kidderminster, Stourbridge, Redditch and Evesham. It is the intention of the Council to encourage the formation of further Care Committees and to assist their work by providing financial and other forms of assistance.

It is intended that the present Care Committees should continue to function on existing lines, but these committees or any additional Committees that may be established will be linked with the functions of any area Sub-Committees that may operate in future.

The Care Committees, as the agents of the Council, will not make any monetary payments to patients except from funds subscribed voluntarily.

The duties of Care Committees will be to assist the Council in measures of prevention such as are outlined in paragraph 3 (i) (ii) (iii) and (vi), in care and after-care, in improved housing arrangements, in advice and help on domestic difficulties, and in the obtaining of suitable employment including the approach to interested state departments such as the Assistance Board and the Ministry of Labour. Subject to the general direction of the Council the supply of extra nourishment (in particular milk), nursing comforts and appliances, shelters, beds and blankets and, in exceptional circumstances, clothing for patients, will be made through the Care Committee. As the Medical Officers of Health, Tuberculosis Officers and Health Visitors will, as officers, be associated with these Committees, it is considered that the proper integration of this service with the other functions of the Council will be achieved.

B. *Mental Illness and Defectiveness*

The Council's arrangement for care and after-care are outlined in the proposals for the mental health services under Section 51.

C. *Other Types of Illness (or Illness Generally)*

1. *Venereal Diseases.* The Council consider that in Worcestershire, which is mainly a rural county, some local contact by officers familiar with local circumstances will prove more efficient in approaching defaulters or suspects than the provision of itinerant specialist officers who undertake no other duties. At present selected Health Visitors, Social Workers and occasionally the Medical Officers in the employment of the Council are used.

The Council accept the need for close contact being maintained with the V.D. treatment centres and the officers, particularly the almoners, therein employed.

It is proposed to discuss with the Regional Hospital Board the continuance of the use for field work of selected whole-time Health Visitors together with other social workers. This latter class would include certain Relieving Officers whose services will be retained as 'Duly Authorised Officers' under Section 51. These last mentioned officers will be particularly useful for dealing with male cases where their knowledge of the people and local circumstances should prove of considerable value.

2. *General*

The Council consider that the care and after-care of patients in general (which has been considered above from the limited view of tubercular and venereal diseases patients) must, if the liaison is to be really efficient, include some definite link with the hospital provision of the Regional Hospital Board and its Management Committees; to rely on goodwill without some administrative arrangement of a definite character, seems insufficient. It is therefore proposed that the Regional Hospital Board shall be approached on this and other problems which would appear to call for joint consideration.

(i) *Liaison*

The Regional Hospital Board will be approached to consider how effective liaison arrangements between the Hospital Management Committee (or its principal hospital or group of hospitals) and the Council (or an appropriate area Sub-Committee) can best be achieved.

One possible approach would be to appoint an officer of the almoner class working in the principal hospital or group of hospitals whose duty it would be :

- (a) to keep the Council informed of the need for after-care (including domiciliary nursing, domestic help, midwifery, etc.) of patients to be discharged, and
- (b) to provide a recognised channel of inter-communication both in and out, as to home circumstances, medical history, or progress reports. Whether the officer was employed by the Regional Board or the Council, or alternatively was a joint appointment, would be a matter for negotiation, but it would seem that her contact with the patient by working in hospital even if on the staff of the Council, is a matter of such importance, that no positive steps to set up an almoning service by the Council will be undertaken without prior consultation, and it is hoped agreement, with the Regional Hospital Board.

(ii) *Convalescent Treatment*

There will no doubt be a demand for admission to Homes, for the purpose of recuperation after illness, where no active form of treatment is undertaken. How far this need will be met by or through the agency of the Regional Hospital Board is not yet clear. The Council wish to include in their proposals their intention to assist suitable cases to be admitted to convalescent homes, providing the service is outside the functions of the Regional Hospital Board.

In these matters (i) and (ii) the Council would wish to make such provision as is in their opinion necessary.

(iii) *Prevention of Illness*

The Council propose to develop as opportunity permits the health education service for the prevention of illness and accidents in the home in general and the maintenance of health.

The service will include instruction of the ordinary citizens and special groups of workers who occupy key positions. For this purpose it is proposed to utilise the services, material and advice of the Central Council for Health Education and other similar bodies.

(iv) Hop Pickers' Welfare

The Council propose to make financial contributions in aid of nursing and other forms of welfare services provided by voluntary organisations in the Worcestershire hopfields.

The Council intend to experiment either directly or through a voluntary organisation as to the practicability of providing a mobile meals service and temporary field creches for very young children.

(v) Nursing Auxiliaries and Attendants

The Council wish to extend their power to provide "nurses" for their domiciliary Nursing Service, to include the employment of persons who, although not coming within the definition of "nurse" have had some nursing experience. These auxiliaries would work under the direction of trained nurses and provide a means of extending the service which would not otherwise be possible.

(vi) Provision of Nursing Equipment and Apparatus

The Council intend to encourage the establishment by voluntary organisations of area medical stores depots. The Council will themselves provide certain specified articles, such as cots for premature babies, for issue on loan and in addition make financial contributions towards the general provision and maintenance of the service.

(vii) The arrangements under this part of the scheme will be such as will lie outside the scope of the hospital and specialist services and of the provisions of Part III of the National Assistance Act.

D. Contributions to Voluntary Organisations

The Council, with the approval of the Minister of Health, will in their discretion contribute to any voluntary organisation that under agreed arrangements assists in these services such sums as the Council may from time to time think fit.

WORCESTERSHIRE COUNTY COUNCIL
NATIONAL HEALTH SERVICE ACT, 1946
SECTION 29

Proposals as approved by the Minister of Health for the
Domestic Help Service

PART I

Statistical Data

- | | | | | | |
|---|---|---|---|---|------------------|
| 1. Area of the Administrative County of | | | | | |
| Worcester | — | — | — | — | 685 square miles |
| | | | | | |
| 2. Mid-1946 population | — | — | — | — | 369,310 |

Existing Service

There are at present in the administrative County three Maternity and Child Welfare Authorities.

- (i) Oldbury Borough Council
- (ii) Kidderminster Borough Council
- (iii) Worcestershire County Council

(i) *In Oldbury* a scheme formulated in February 1945 to provide home helps and domestic helps has proved difficult to operate because the rates of pay obtainable in industry are higher than the 1/6d. per hour (with a retaining fee of 5/- per week) offered under this scheme. The maximum number of helps at any time has been one whole-time and two part-time workers. This scheme has made little progress.

(ii) *In Kidderminster* a scheme is at present under consideration.

(iii) *Elsewhere in the County* home help services are now operated on a uniform basis with the assistance of the local W.V.S. in Stourbridge, Halesowen (including Blackheath) and Malvern.

The average number of home helps at present employed varies from 16 to 20. There is also one home help available in Stourport Urban District and one in Evesham Borough, and occasional home helps (when obtainable) are provided in the Rural Districts.

A few County cases residing near the City are dealt with by the Worcester City domestic helps, the County Council accepting responsibility for the travelling expenses of the domestic help and the difference between the cost of the home help and the amount recovered.

PART II

*Description of the Service which will Operate on the Appointed Day**General Administrative Arrangements*

1. (i) The County Council intend to establish, as far as may be practicable, a domestic help service available for all households where help is required. The service will be administered by the Health Committee and such Sub-Committees as they may appoint for the purpose.

(ii) The County Medical Officer of Health, assisted by his Deputy and other medical and non-medical members of his staff, will

- (a) advise the Committee on the service,
- (b) administer any schemes or arrangements that may be approved by the Committee,
- (c) arrange for co-ordination of this service with other services provided by the Council under the National Health Service Act or any other Act and maintain close co-operation with the services provided by the Regional Hospital Board and its Hospital Management Committees and by the Executive Council,
- (d) take such action as may be necessary, in emergency, to maintain the service.

(iii) The Council propose to appoint on the staff of the County Medical Officer of Health a whole-time County Organiser for this service. As the service will be operated mainly through the W.V.S., it is hoped to second for the purpose an officer of the W.V.S. upon reimbursement terms. Hitherto the valuable assistance of the County Organiser for the W.V.S. has been freely available for both the existing service and the arrangements for its extension ; but factors of time and travelling make it necessary to appoint a whole-time Organiser and provide motor transport.

(iv) The establishment of the service will of necessity be introduced by stages ; in the more populous parts of the County there will be established local organisations with a Local Organiser ; in the majority of instances, the Local Organiser will be a member of the W.V.S. who will give paid or unpaid part-time service. It is expected that five such local organisations will be in operation on the appointed day. Ultimately the number will be at least nine.

These local organisations include representatives of the doctors and health visitors working in the area.

(v) The Organiser will, through the part-time Local Organisers, keep in touch with and report on the services in all urban areas. Where no part-time organisers are appointed, as will be the case in many small towns and the rural districts, she will be directly responsible for the supervision and selection of domestic helps. The Organisers will be required to co-operate with the officers responsible for other similar services provided under the Act and to attend meetings of the Health Committee and of any of its Sub-Committees that may be considered necessary.

2. *Pay and Uniform for Domestic Helps*

(i) It is proposed to pay all domestic helps on a similar basis directly through the County Treasurer.

(ii) Aprons, overalls and outdoor uniform will be supplied free of charge to certain home helps on such terms and conditions as the Council may from time to time prescribe.

3. *Infectious Disease and Tuberculosis*

(i) No domestic help will be required to assist in a house where tuberculosis or other infectious disease is present, without the consent of the Medical Officer of Health.

(ii) The assistance of the Committees of Local Nursing Associations is being sought in connection with the selection of suitable persons to undertake "occasional domestic help" duties in their nursing districts. The employment of regular whole-time domestic helps will seldom be practicable in sparsely populated rural areas.

(iii) It is intended, subject to agreement, to continue the existing arrangement whereby domestic helps employed in the City of Worcester attend cases in the adjoining County districts, the cost of travelling and payment of the domestic help for the time occupied being a County responsibility.

4. *Charges for Articles and Services Provided*

The Council will recover in respect of these services charges in accordance with such scales as, with the approval of the Minister of Health, they may from time to time adopt.

PART III

Development Plan

It is considered unlikely that more than half the County will be covered by operative schemes on the appointed day. Nor will these arrangements be necessarily complete or adequate for areas served. The areas where recruitment seems more hopeful will be attempted in the early stages and, as the service in each one or two become operative, work in the next area will be commenced.

WORCESTERSHIRE COUNTY COUNCIL
NATIONAL HEALTH SERVICE ACT, 1946

SECTION 51

Proposals as approved by the Minister of Health for the
Mental Health Services

PART I

Statistical Data

Total mid-1946 population of the Administrative County of Worcester	—	—	—	—	—	—	369,310
(a) Number of patients at present chargeable to the Council under the Lunacy and Mental Treatment Acts							1,002
(b) Number of patients dealt with under those Acts by the Council's Relieving Officers in the year ended 31st March 1947	—	—	—	—	—	—	249
(c) Number of defectives ascertained as subject to be dealt with under the Mental Deficiency Acts in the year ended 31st December 1946	—	—	—	—	—	—	37
(d) Number of persons reported to the Council as mentally defective in that year	—	—	—	—	—	—	45

PART II

PROPOSALS

(A)

General

1. (i) The Health Committee of the Council will establish a Mental Health Sub-Committee to administer the mental health services.

(ii) The County Medical Officer of Health will be the executive officer responsible for the organisation and, assisted by members of his staff, for the control and medical direction of these services.

(iii) The Education Committee will co-operate in these services with the Health Committee, particularly for the provision and operation of adequate child guidance facilities.

(B)

Medical

2. (i) The Council will appoint (a) for whole-time mental health service, a Senior Administrative Medical Officer specially qualified for these services, to act under the County Medical Officer of Health, if, in the light of experience, such an appointment appears to the Council desirable and possible, and (b) for part-time mental health service, the County Medical Officer of Health, his Deputy and such number of Assistant County Medical Officers of Health as may be found desirable.

(ii) The Regional Hospital Board will be approached for the joint user of specialist medical officers. There are two mental hospitals in the County with specialist staff; a colony for mental defectives is in course of establishment, the Medical Superintendent having already taken up his appointment. Other specialists would be available part-time for consultation, if needed.

(C)

Non-Medical

3. (i) The Council will appoint such administrative and clerical staff under the County Medical Officer of Health as they may consider desirable for the administration of these services. Such staff may include the following—

1 Chief Assistant (Mental Health Services)	} At County Head- quarters
1 Clerk with previous experience of mental deficiency work	
1 Junior Clerk	
5 Male and	
3 Female Mental Health Workers	

(ii) The Chief Assistant may, in addition to his other duties, be made an “authorised officer” under the Lunacy and Mental Treatment Acts and “petitioning officer” under the Mental Deficiency Acts. He may also act as relief for the other Male Mental Health Workers.

(iii) The Council may employ the Mental Health Workers either for whole-time or for part-time mental health service. They intend that one of the women Mental Health Workers shall be a trained psychiatric social worker, and that she shall be available for part-time service under the Education Committee.

(iv) The number of Mental Health Workers may be increased, if they undertake part-time welfare work in connection with services under the National Assistance Act, 1947.

(v) The Mental Health Workers may be “authorised officers” under the Lunacy and Mental Treatment Acts and also may be made responsible in their areas for such other duties in relation to the mental health services as the County Medical Officer of Health may assign to them.

(vi) It is intended that the Chief Assistant and the Mental Health Workers, if not already fully qualified, shall receive training in all branches of mental health, including mental deficiency work.

(vii) The Health Committee intend at a later stage to consider how far it may be possible for additional specialist officers required by the Education Committee, such as child psychiatrists and psychiatric social workers, to undertake duties for both the Education Committee and the Health Committee. They will also obtain through the Regional Hospital Board the part-time services of such non-medical staff as may be needed and available.

4. The Male Mental Health Workers will operate from suitably dispersed centres in the County, which may include—

- Halesowen — covering Halesowen, Stourbridge and Oldbury Boroughs.
- Bromsgrove — covering Bromsgrove Urban and Rural and Redditch Urban Districts.
- Kidderminster— covering Kidderminster Borough and Rural District, Stourport-on-Severn Urban District, Bewdley Borough and Tenbury Rural District.
- Worcester — covering Malvern Urban District, Droitwich Borough and Droitwich, Martley and Upton-on-Severn Rural Districts
- Evesham — covering Evesham Borough and Evesham and Pershore Rural Districts.

5. (i) Selected Health Visitors and Nurses, in addition to the Mental Health Workers, will be available for duties in connection with community care in the form of voluntary supervision of mental defectives.

(ii) The Council have not established any occupation or industrial centre in the County, although five cases attend centres outside the County. In the north of the County, which is more thickly populated, it is the intention of the Council to provide an occupation centre, if suitable premises in a convenient position can be obtained. It is further intended at a later stage to provide such additional centres in other parts of the County as the Council may consider necessary. The possibility of home training will also receive consideration.

(iii) A voluntary association at present supervises to a limited extent the mental defectives who are placed under guardianship.

6. The Council's proposals for staffing these services are subject to such alteration as the Council may from time to time, in the light of experience, consider desirable.

(D)

Ambulance Service

7. The "duly authorised officers" of the Council will have available for their duties the ambulance and sitting case car provision of the Council and will be given the necessary authority to call for such transport facilities as are necessary from the ambulance depots.

APPENDIX B.

REPORT OF THE CHIEF TUBERCULOSIS OFFICER FOR 1947.

Staff.

There has been no changes in the medical staff during the year. As all three Tuberculosis Officers live in the South of the County, some re-arrangement of duties has been made in order to share the travelling more evenly between them. The present allotment of duties is as follows, including the Worcester City work, which is not otherwise covered by this Report.

Dr. R. B. Mayfield :	Worcester City Dispensary. Tuberculosis Pavilion, Newtown Hospital. Redditch. Halesowen. Weekly visits to the Tuberculosis Pavilion at Hayley Green Hospital.
Dr. R. C. Cronin :	Kidderminster. Stourbridge. Seconded to Knightwick Sanatorium as Resident Medical Superintendent.
Dr. J. N. Macartney :	Shirehall Dispensary (South Worcestershire). Oldbury. Bromsgrove. Weekly visits to the Tuberculosis Pavilion at Hill Top Hospital.

Notifications and Deaths.

Table I shows the numbers of notifications and deaths in each of the past five years. On the whole, these figures show little change during the last few years, and there is still no suggestion of a resumption of the gradual decline of tuberculosis to which we had become accustomed before the war. The best that can be said is that the position does not seem to deteriorate. The comments on housing and sanatorium accommodation in last year's report still hold good. Progress has been made in the former respect, though there is still a great deal to be done before we can regard ourselves as a well-housed community, and the shortage of sanatorium beds remains as acute as ever.

TABLE I.

Year	Notifications			Deaths		
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total
1942	270	62	332	156	38	194
1943	309	77	386	156	47	203
1944	273	62	335	150	35	185
1945	255	45	300	157	29	196
1946	282	55	337	158	38	196
1947	266	45	311	166	31	197

Table II analyses the notifications for the year in age groups. The rise in pulmonary male notifications in the 15 to 24 age group observed in 1946 has not been sustained. The figure for pulmonary males in the 55 to 64 age group is high, but, here again, further records must be awaited before any significance can be attached to the increase.

TABLE II.
NOTIFICATIONS OF TUBERCULOSIS DURING 1947 SHOWING AGE PERIODS.

Age Periods	under 1 yr.	1-4 (4 yrs.)	5-9 (5 yrs.)	10-14 (5 yrs.)	15-19 (5 yrs.)	20-24 (5 yrs.)	25-34 (10 yrs.)	35-44 (10 yrs.)	45-54 (10 yrs.)	55-64 (10 yrs.)	65 and up- wards	Total
Pulmonary—												
Males	—	4	3	6	18	10	26	28	31	28	5	159
Females	—	3	2	1	19	21	31	18	8	2	2	107
Non-Pulmonary—												
Males	1	2	4	2	2	1	2	4	1	—	1	20
Females	—	4	7	3	2	2	2	2	3	—	—	25
Totals	1	13	16	12	41	34	61	52	43	30	8	311

Table III shows the notification and death rates in districts. The numbers involved in these calculations are so small that they do not form a satisfactory basis for annual comparisons, and it was thought that a review on somewhat broader lines might be interesting. Figure IIIA draws a comparison between the average annual death rate for the five years 1933 to 1937 and the same average for the five years 1943 to 1947. In each district, the white column represents the 1933-37 rate, and the black column the 1943-47 rate. Even when taking five years together, the numbers involved are still rather small, and consequently conclusions should be guarded, especially in comparing one district with another. Many factors may influence these rates apart from such obvious ones as housing conditions and general economic well-being of the local populations. Emigration and immigration for instance may play important parts, as may also different age constitutions. Considerable research would be necessary in order to make fair comparisons. Nevertheless, the generally lower death rate in rural districts as compared with the towns is well shown, and is to be expected.

TABLE III.

Popu- lation	District	Notif'n Rate per 1,000	Death Rate per 1,000	Total eases notified	Total Deaths
4699	Bewdley Borough ..	0.21	—	1	—
25290	Bromsgrove Urban ..	0.75	0.59	19	15
5798	Droitwich Borough ..	0.17	0.17	1	1
11780	Evesham Borough ..	0.85	0.59	10	7
38980	Halesowen Borough ..	1.0	0.54	39	21
26650	Kidderminster Borough ..	0.68	0.52	25	19
20770	Malvern Urban ..	0.82	0.29	17	6
52510	Oldbury Borough ..	1.18	0.59	62	31
26680	Redditch Urban ..	0.79	0.56	21	15
36010	Stourbridge Borough ..	0.89	0.69	32	25
9153	Stourport-on-Severn Urban ..	0.66	0.76	6	7
25230	Bromsgrove Rural ..	0.48	0.20	12	5
12330	Droitwich Rural ..	0.73	0.24	9	3
15680	Evesham Rural ..	0.51	0.57	8	9
9980	Kidderminster Rural ..	0.70	0.40	7	4
11570	Martley Rural ..	1.04	0.78	12	9
14530	Pershore Rural ..	1.03	0.96	15	14
5510	Tenbury Rural ..	0.73	—	4	—
12710	Upton-on-Severn Rural ..	0.87	0.47	11	6
375860	Whole County ..	0.83	0.52	311	197

The diagram also shows a fall in the death rate over the ten-year period in all districts except one, and even in that instance the rise is insignificant. So general is the fall that it must be allowed to shed a faint glimmer in the general tuberculous gloom. At least we are a little better off than we were ten years ago

New Cases other than by Notification

The following new cases came to light during the year by other means than formal notification.

	Males	Females	Totals
Pulmonary	32	26	58
Non-Pulmonary	7	3	10
Total	39	29	68

These cases came from the following sources:

Death returns:—	
Local Registrars	16
Transferable deaths from the Registrar General ..	9
Posthumous notifications	5
Transfers from other areas	31
Lost-sight-of cases returned	7
Totals	68

Dispensary Work.

The work of the dispensaries is summarised in Tables IV and IVA. The number of new cases referred to the dispensaries by their doctors is less than in 1946. On the other hand, the number of consultations has increased, more home visiting has been done by the Tuberculosis Officers, and total attendances at the dispensaries are well maintained. Refill attendances at the Shirehall Clinic include a number of Worcester City cases.

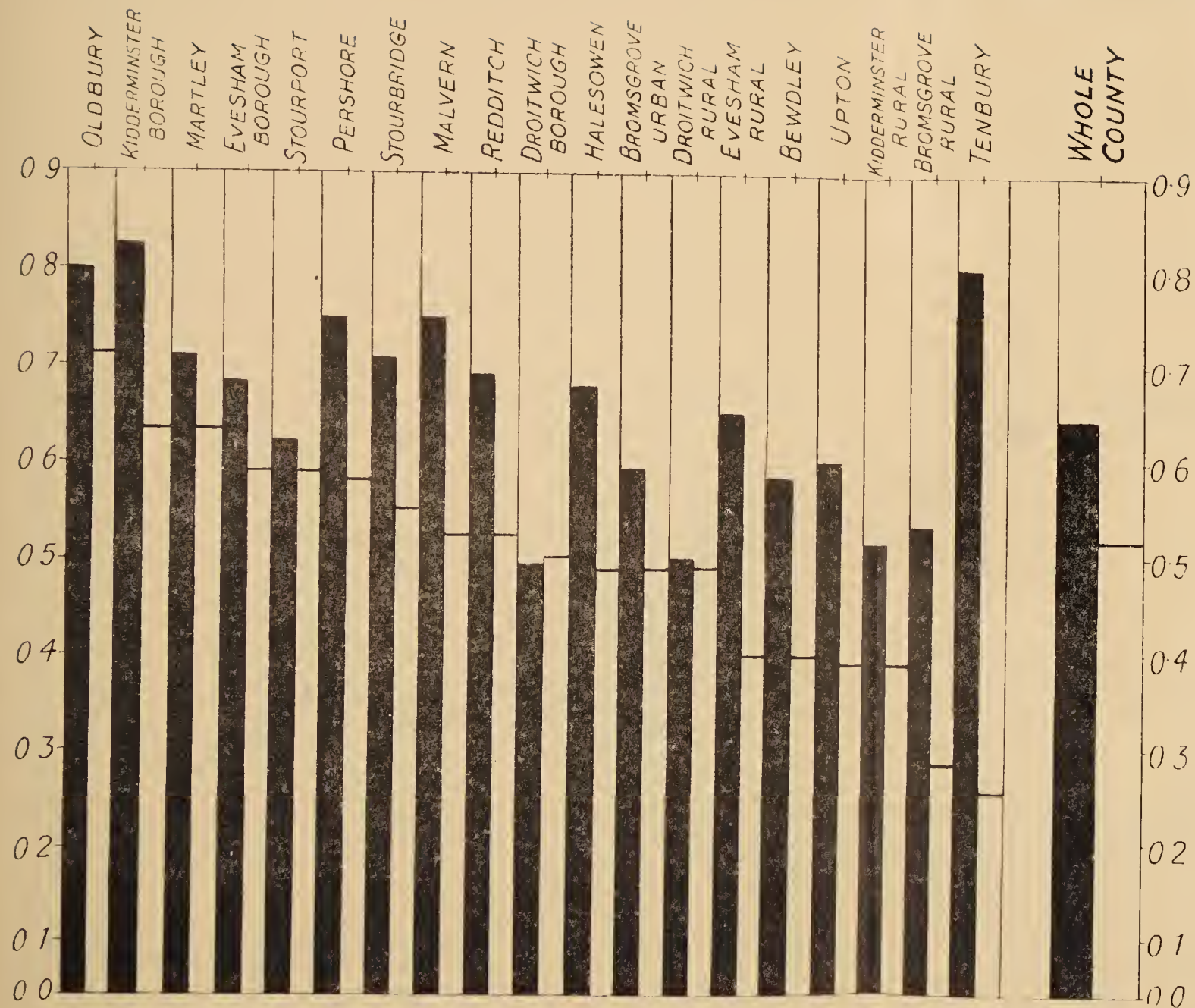


TABLE IIIa.

WHITE COLUMNS indicate Average Death Rate from all forms of Tuberculosis per 1,000 population for the five years 1943—47.

BLACK COLUMNS show the same Average Rate for the five years 1933—37.

WORCESTERSHIRE.

Notification rates (—) and Death rates (.....) per 1000 of population

1926—1947. All forms of Tuberculosis.

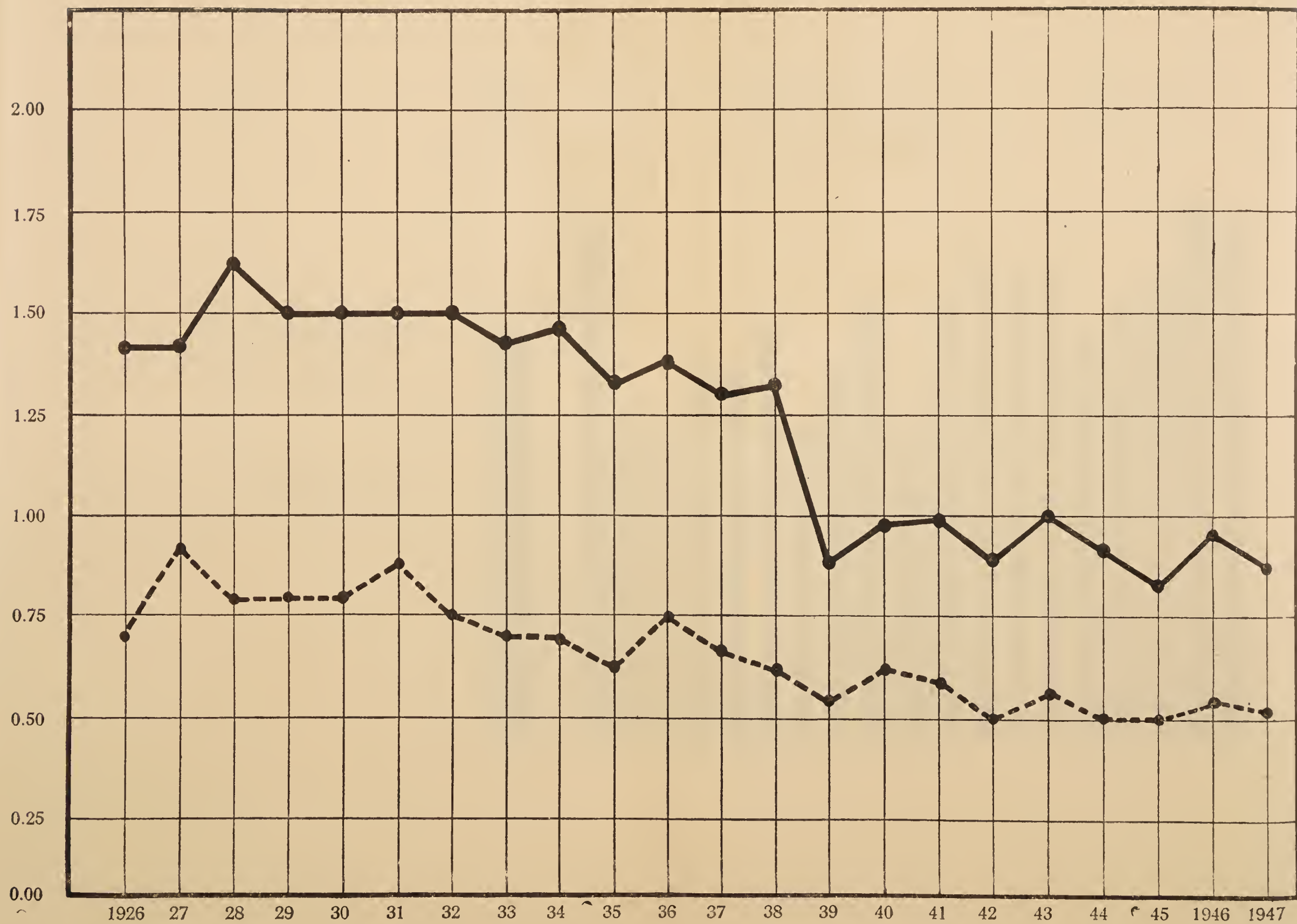


TABLE IVA
ATTENDANCES AT DISPENSARIES.

Dispensary	Consultations	Visits to homes	Total attendances	Refill attendances	Average Weekly attendance
Bromsgrove	131	121	447	81	9
Halesowen	156	72	649	141	13
Kidderminster	238	61	1171	269	23
Oldbury	305	116	1391	303	28
Redditch	104	44	666	215	13
Stourbridge	95	62	700	184	13
Worcester	400	251	1654	833	32
Totals	1429	727	6687	2026	19

Mass Radiography.

No Mass Radiography Set exists in Worcestershire, but a survey of the workers in a factory in the north of the County was carried out during the year by the Birmingham Unit, and the following is a brief summary of the results.

The unit was set up at the factory for the purpose, and the survey took place in August, September and October, 1947.

Total number of employees	6,800
Number of miniature films taken	5,005
Number of significant cases of tuberculosis	72
	(14 per 1,000 examined)
Number of cases of active tuberculosis	12
	(2.4 per 1,000 examined)

A number of non-tuberculous abnormalities were also detected, many of them insignificant and having no bearing on the future health of the persons concerned.

The response to the appeal for employees to be examined was quite good (74 per cent.). The state of health of the minority who refuse examination (in this case 26 per cent.) is always a matter for speculation. The proportions of significant and active tuberculosis found were similar to those observed in other investigations. All these patients were followed up by their local tuberculosis officers. Those who needed it were recommended for sanatorium treatment, and others are being kept under supervision at their local dispensaries. Contacts of these cases are also followed up and examined in the usual way.

Persons found to be suffering from non-tuberculous conditions which need medical attention are referred by the Medical Director of the Unit to their own doctors.

In addition to the above survey, 400 employees of a Government Establishment in the County, were also examined by Mass Radiography. In this instance the numbers were too small to justify a visit by the Unit, so the employees travelled to Birmingham for the purpose. Here again, the findings were in line with common experience.

The question of the establishment of a Mass Radiography Unit in Worcestershire was reviewed again during the past year. The best and most economical material for this type of examination consists of large groups of employees. The population of Worcestershire, however, is widely scattered, and consequently, while the value of mass radiography as a method of case-finding is not in doubt, it was felt that this was not a suitable area for such a project at the present time in view of the difficulties of supply of apparatus and trained personnel. There are indeed more urgent problems for solution, namely, the provision of more sanatorium beds and the improvement of facilities for ordinary X-rays.

After-Care Committees.

Some further progress has been made in re-housing tuberculous patients, but much still remains to be done. The aim is for every case of pulmonary tuberculosis to have a single bedroom. Some idea of the magnitude of the problem is shown by the fact that, of the notifications of pulmonary cases, in 1947 only about 50 per cent. had single bedrooms at the time of the Health Visitor's first investigation of the household. By re-arrangement of the sleeping accommodation, it would be reasonably possible for a further 18 per cent. to have single rooms, leaving about 32 per cent. who must share a room under their existing housing conditions. In other words, out of 266 pulmonary notifications, 85 need more accommodation in order to have single rooms.

In some cases the problem is solved by providing a garden shelter, but often this cannot be done owing to lack of a suitable sight. At present the County has 37 garden shelters on loan to patients. Six new ones were built for us during the year, and a further six are under construction. For the most part these shelters are much appreciated and regularly used by the patients.

Help is also given by lending beds and bedding, and the provision of free milk where funds are low.

Institutional Treatment

Beds are reserved for pulmonary cases as follows:—

		Male	Female
Knightwick Sanatorium	..	46	38
Hayley Green Hospital	..	19	—
Hill Top Hospital	..	—	18
Romsley Sanatorium	..	4	2
Papworth Sanatorium	..	6	—
Holly Lane Hospital	..	2	2
		—	—
Totals	..	77	60
		—	—

Non-pulmonary cases have been accommodated at:

Worcester Royal Infirmary
Birmingham Royal Cripples Hospital
Shropshire Orthopaedic Hospital
Newtown Hospital

Other beds have been used at:

Newtown Hospital (pulmonary cases)
Birmingham Women's Hospital
Queen Elizabeth Hospital
Wordsley Hospital
London Chest Hospital
Rhyl Convalescent Hospital.

In addition, grants have been made to a small number of patients towards the cost of their maintenance fees in private sanatoria.

The average number of patients on the waiting list for pulmonary beds in sanatoria during 1947 has been 81. This constant cause of anxiety was increased during the latter part of the year by the temporary closure of the Tuberculosis Pavilion at Hill Top Hospital owing to shortage of nursing staff. It is expected that the situation will be eased by the opening of St. Wulstan's Hospital at Malvern, where, at the time of writing, the work of conversion is now progressing. According to present information, however, this hospital is not likely to be ready to receive patients before the summer of 1949.

Thoracic Surgery.

The arrangements with Mr. Holmes Sellors for minor thoracic surgery at Knightwick Sanatorium have continued to work smoothly throughout the year, and we owe much to him, not only as a surgeon, but also for his very welcome advice as a consultant in particular cases and on more general clinical problems.

We have also continued to send major surgery to the London Chest Hospital, but, owing to the increasing length of the waiting list for admission there, a number of cases for thoracoplasty have also been referred to Mr. A. L. D'Abreu and Mr. J. Leigh Collis at Birmingham for admission to Wordsley or the Queen Elizabeth Hospital. The waiting lists for thoracic surgery at these hospitals are steadily mounting, however, and there is a need for many more beds for thoracic surgery in the Midlands as its value becomes increasingly appreciated.

X-Rays.

The number of films taken in 1947 was 2,400. Arrangements for these examinations exist at the Worcester Royal Infirmary, West Bromwich and District General Hospital, Corbett Hospital (Stourbridge), Kidderminster General Hospital, Smallwood Hospital (Redditch), Evesham Voluntary Hospital, and Malvern Hospital. At times this work has overloaded the X-ray departments at some of these hospitals, resulting in a waiting list for X-ray examinations. Additional facilities would be welcome, especially in connection with the Oldbury Dispensary, where the amount of work might well be considered to justify the installation of an X-ray plant at the dispensary.

Finally, though we can claim no more than that we have held our ground during the year as far as the incidence of tuberculosis is concerned in the County, at least there is a faint but hopeful flicker on the horizon. The re-housing of tuberculous patients is slowly improving, and new sanatorium accommodation is gradually taking material shape. These two factors are bound to bear fruit, though some time is likely to elapse before a substantial harvest is reaped.

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Chief Tuberculosis Officer.

